

THE CITADEL

LEAVE DONATION REQUEST FORM

I. THIS SECTION IS TO BE COMPLETED BY THE EMPLOYEE AND FORWARDED TO HUMAN RESOURCES

You are eligible to donate sick and/or annual leave to The Citadel's Leave Transfer Pool for Calendar Year _____

Employee's Name _____ SSN _____

Employee's Classification _____ Hourly Rate of Pay _____

I voluntarily wish to donate the following sick and/or annual leave to either The Citadel's Sick or Annual Leave Transfer Pool. I understand that once the leave has been transferred to a pool account, it may not be restored or returned to my sick and/or annual leave account.

Annual Leave: I may volunteer to donate up to one-half of the annual leave that I earned within this calendar year.

I request to donate _____ Hours of Annual leave

Sick Leave: I may volunteer to donate up to one-half of the sick leave that I earned within this calendar year. After the transfer, I must retain a minimum of fifteen (15) days in my sick leave account. If my sick leave balance will be less than fifteen (15) days, I cannot transfer any sick leave to the Sick Leave Pool.

I request to donate _____ Hours of Sick Leave

Employee's Signature

Date

III. THIS SECTION IS TO BE COMPLETED BY HUMAN RESOURCES AND THE PAYROLL OFFICE.

(Upon Payroll Office Completion, Original Copy will be returned to Human Resources, copy to Payroll and Employee)

HUMAN RESOURCES

Your request to donate _____ hours of annual leave has been approved.

Your request to donate _____ hours of sick leave has been approved.

You are not eligible to donate annual leave

You are not eligible to donate sick leave

Benefits Manager

Date

PAYROLL OFFICE

Your approved leave donation will be transferred to the appropriate leave pool effective _____

Your leave record will be adjusted on your 31 January paycheck.

Payroll Manager

Date