

Research Foundation for Mental Hygiene, Inc.
 Leave Donation Program

<i>Name of Recipient Employee:</i>	<i>Location:</i>
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Donating Employee Information (Please print or type)

<i>Name:</i>	
<i>Title:</i>	
<i>Work Location:</i>	
<input type="checkbox"/> 110 NYPI <input type="checkbox"/> 210 NKI <input type="checkbox"/> 310 IBR <input type="checkbox"/> 550	
<i>Department:</i>	
<i>Phone Number:</i>	<i>Number of Vacation Days Donated:</i> _____

I hereby authorize the Personnel Office to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify the days donated are not days I would otherwise forfeit and this donation does not cause me to drop below a balance of 10 days of vacation as of the date this donation is submitted. Days donated and not used will be forfeited.

This is a confidential record. Submit to the Personnel Office in a sealed envelope marked "Personal and Confidential."

Donating Employee Signature

Date

For Personnel Use

Annual leave balance as of pay period ending _____
Beginning Balance: _____
Donation: _____
Ending Balance: _____
Signature of Central Office Personnel: _____
Anniversary Date: _____
Date of Approval: _____