



Donation of Compassionate Leave Form

Donating Employee: Complete the following and return to Human Resources.

Name of Donor Employee		Donor Employee Department/Dept. Address	
Donor Employment Status (OS, PAT, FY Faculty)	Donor Employee USNH ID	Donor Telephone Number	
Name of Employee to <u>receive</u> compassionate leave		Receiver's Department	

Please transfer my leave in the amount(s) indicated below, to be used as compassionate leave.

<p><i>For OS</i> Earned Time _____ hours</p> <p><i>For Exempt</i> Vacation _____ days</p> <p><i>(PAT, FY Faculty)</i></p>	<p>Current Earned Time balance ____ hours</p> <p>Current Vacation balance _____ days</p>
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Time must be donated in minimum increment of 4 hours/.5 days. A maximum of 12 days per fiscal year may be donated. The donating employee must have a minimum leave balance of one week (e.g.; 40 hours/5 days) after donating leave.

I voluntarily donate paid leave, in the amount specified, to the employee designated above. I understand that my leave balance will be decreased by the amount contributed, and that any Compassionate Leave not used by the receiving employee will be restored to me. I have read a copy of the PSU Compassionate Leave Procedure.

_____ Signature of Donating Employee	_____ Date
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Submit the signed form to the Office of Human Resources.

For Use by Human Resources:

% Time _____ DOH: _____

Donation

Approved Not approved

_____ Signature	_____ Date
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cc: Employee