



Donated Leave Program

DONOR TRANSFER CERTIFICATION

Participation Limited to Open Enrollment

Name of Donor (Print)

MGC ID #

Work Phone #

Department

Email Address

I wish to donate _____ hours of sick leave (8 hour minimum and 40 hour maximum) to be used as part of the Donated Leave Program. This is a one time donation made during the open enrollment period to be effective for January 1, 2012 through December 31, 2012.

An employee who donates leave must retain a combined total of 40 hours of leave in his/her own annual and sick leave accounts (pro-rated for part-time employees). For example, if you are a half-time employee (.50 for staff or .38 for faculty), a combined total of 20 hours annual or sick leave must be retained.

I agree that my donation is strictly voluntary. I agree that the transfer hours have already been accrued. I agree that after my leave donation has been charged against my balance, it is irrevocable and **cannot be withdrawn.**

Signature of Donor

Date

FOR USE BY THE DONATED LEAVE CERTIFICATION COMMITTEE

_____ Transfer approved

_____ Transfer not approved

This is to advise you that your request to donate sick leave time cannot be accepted due to the following reason(s):

Signature of Authorizing Official

Date