

Inter-Agency Leave Donation Form

Confidential Record

Instructions: Employees donating annual leave credits to an employee outside of your own agency should complete this form and return it to Time Records by fax, email, or mail (only submit using one method). If donating to an employee in your agency, please use the standard Leave Donation form.

Contributions of annual leave to the Leave Donation Program are voluntary. Time Records will deduct the number of donated days from your annual leave accruals in your time record. Once the donated time is deducted from your accruals and the deduction will be recorded in your audit history. A confirmation of the accruals you donated will be sent to you. Accruals which are not used by the recipient will not be returned to you. If you have any questions regarding the Leave Donation Program or the deduction of leave donations from your timecard, please contact Time Records at (518)437-4709 or at timerecords@albany.edu.

Donor Information				
First Name		Last Name	Employee ID	Negotiating Unit
Agency Name		Email address		
Work Phone	Regular Work Week <input type="checkbox"/> 37.5 Hour <input type="checkbox"/> 40 Hour	Percentage Worked <input type="checkbox"/> 100% <input type="checkbox"/> Part-Time → ____ %	Time Records Are Submitted <input type="checkbox"/> Electronically <input type="checkbox"/> Paper timecard	
Supervisor's Name		Name of employee you are donating to (recipient)		# of Annual Days Donated
Recipient's Agency				

Certification:

I am donating the annual leave days indicated above to be used by the recipient employee. I certify that the days donated are not days I would otherwise forfeit, and that this donation does not cause me to drop below a balance of ten days of annual leave as of the date of this donation.

Employee Signature

Date

Donor's Agency Certification:

I certify that the number of annual leave day(s) donated has been deducted from the total amount of annual leave; that a balance of 10 days of annual leave remains as of the date of the donation; and that the information provided by the donor is correct.

Human Resources Representative Signature

Date