

SECTION 1: DONOR INFORMATION

Employee's Full Name: First _____ M.I. _____ Last _____ OSU Employee ID# (required) _____

Department _____ Title _____ FTE _____

Vacation Hours Donated (Must be donated in 8-hour increments): _____

Vacation Balance after Donation (Must have at least 80 hours remaining, prorated based on FTE): _____

SECTION 2: RECIPIENT INFORMATION

Employee's Full Name: First _____ M.I. _____ Last _____

Department _____ Title _____

SECTION 3: DONOR STATEMENT OF UNDERSTANDING

I request that the above-specified number of hours be transferred to the named recipient's sick time balance. I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing I hereby relinquish all rights to the leave shown above and the benefits accruing to or attached to the same. I understand that the donation of leave is irrevocable and irreversible and that no leave will be refunded to me. I understand that this donation does not create any tax deduction for me. I certify that I will have a remaining balance of 80 hours or more of vacation leave (prorated by FTE) after making this donation.

Donor Signature _____ Date _____

Witness Signature/HR Representative _____ Date _____

Approval:

Recipient Department Head Signature _____ Date _____

College/VP Unit Designee _____ Date _____