

SUNY
SCHENECTADY
COUNTY COMMUNITY COLLEGE

**FULL-TIME SUNY SCHENECTADY CSEA BARGAINING UNIT MEMBERS
VOLUNTARY LEAVE DONATION FORM**

It is recommended that the employee who is volunteering to offer sick time donation have a minimum of 12 sick days left after donation

I, _____, an employee of SUNY Schenectady and member
Print Name

of the CSEA SUNY Schenectady Bargaining Unit, do hereby donate _____ from my
(# of days)

_____. The time is to be donated to:
(Write in sick and/or vacation time in the blank space)

Name

I understand that this is a voluntary donation and cannot be withdrawn. I also understand that I will not receive any additional time or compensation for the donated hours.

Employee Signature

Date

SUNY
SCHENECTADY
COUNTY COMMUNITY COLLEGE

**FULL-TIME SUNY SCHENECTADY CSEA BARGAINING UNIT MEMBERS
VOLUNTARY LEAVE REQUEST FORM**

Name (Last, First, MI):

Employee College ID number: _____

Department: _____ Office Telephone Number: _____

Position: _____

Current Leave Balances:

Sick: _____ Vacation: _____ Compensation Time: _____

Expected date that my current leave balance will be exhausted: _____

Note: Please attach a doctor's note with the Voluntary Leave Donation Form to the Human Resources Office in Elston Hall, Room 511.

SUNY
SCHENECTADY
COUNTY COMMUNITY COLLEGE

- 1) I certify that the above statements are true.
- 2) I understand that even if my application is approved, there is no guarantee that donations will be received.
- 3) I understand that the transferred annual leave can only be used for the medical emergency approved, based on the Leave Request Form.
- 4) I understand my rights under the Privacy Act, and I agree to disclosure of the information contained in this application and its attachments to be used by the Employer in an effort to collect leave for my account.
- 5) I understand that I must use all existing annual and sick leave before any donated leave from other employees can be used and that donated leave will not be used to compute lump sum leave payment if separated from employment.
- 6) I understand that a leave recipient may not receive donated leave for any period which is covered by worker's compensation.
- 7) I understand that Voluntary Leave Days will be posted as needed to the recipient's sick leave accruals.
- 8) I understand that effective January 1st of each year, voluntary leave days are no longer posted to an employee's account once they receive their annual accruals.
- 9) Any donated leave unused by the employee will be eliminated when the employee returns from the medical emergency.
- 10) I understand that an updated medical certification may be requested by management.

Applicant's Signature

Date

Note: Please return the signed forms along with the application for voluntary CSEA Leave Request Form to the Human Resources Office.

02/2022