

WINTHROP UNIVERSITY
Leave Transfer Program
Leave Donation Request Form

Name	College / Division
Winthrop ID	Department

I request that the amount of hours for the type(s) of leave listed below be transferred from my account to the University's leave transfer pool. I understand that once my leave credits have been transferred to the pool account, such credits will not be restored or returned to my account.

Hours of Annual Leave

Hours of Sick Leave

I understand that I may donate no more than one-half (½) of the sick or annual leave earned within a calendar year to the appropriate pool leave account for that calendar year, and that I must retain a minimum of 15 days of sick leave. I also understand that I may not specify to whom my donated leave may be awarded.

Employee Signature Date

Request Form must be received in Human Resources prior to December 10th.

For HR Use Only						
Leave Type	Available Balance (hours)	(-) Required Min Balance	(-) Max Donation (Annual Accrual / 2)	Max Available to Transfer	Hourly Rate	Donation Value
ANNUAL		n/a				
SICK		15 days hours				
Update items: Annual Accrual (Leave Category: ___) = Monthly Accrual Rate [] x 12 = _____ <input type="checkbox"/> Banner PEALEAV form Adjustment made by: <input type="checkbox"/> LeavePool spreadsheet Adjustment date:						