

LEAVE DONATION REQUEST

New York State Thruway Authority

Donor's Name (Last, First, MI)	Donor's Employee ID No.
Donor's Work Unit	Donor's Bargaining Unit
Name of Employee Receiving Accruals (Last, First, MI)	
Work Unit of Employee Receiving Accruals	Number of Annual Leave Days Donated (whole day or 1/2 day increments)

NOTE: Donor should deduct donated leave from Annual Leave accrual balance when this form is submitted.

Donor's Signature_____

Date**NOTES**

- Leave donations must be Annual Leave.
- Leave donations may be made only to members of the same Bargaining Unit as the donor.
- Leave donations are non-refundable.
- Donated leave used by recipients for a Worker's Compensation illness or injury is non-restorable to the donor.
- The Employee requesting leave donations must notify his/her Union Division Coordinator.
- The Employee requesting leave donations must allow the Union Committee to verify that his/her accruals are low or exhausted.
- Leave Donation Request Forms should be mailed to the respective Union Division Coordinator. Upon receipt, the Division Coordinator will date and initial the request form.
- The Division Coordinator should mail/fax the Request form to the Union Head Coordinator.
- The Head Coordinator maintains a log of the employee who is receiving the accruals.
- The Head Coordinator dates and initials the Leave Donation Request and forwards to Payroll.

FOR LEAVE DONATION PROGRAM USE ONLY**Union Division Coordinator**

Date received _____

Initials _____

Date forwarded to
Head Coordinator _____**Head Coordinator**

Date received _____

Initials _____

Date forwarded
to Payroll _____Date returned to donor
(if not forwarded to Payroll) _____

Reason returned to donor _____

