

Donating Employee Information

Name: _____

Employee ID: _____ Department: _____

Type of Leave Being Donated: Annual
 Sick

Number of hours being donated: (full hour increments): _____

Employee Receiving Donated Time:

Name: _____

Campus/Dept: _____

I voluntarily authorize the above donation. I have not been coerced, threatened, intimidated or financially induced into donating annual or sick leave into the leave-sharing program. I understand that I cannot donate more than 5% of my accumulated sick leave (if donating sick leave) or I must retain an annual leave balance of at least 40 hours (if donating annual leave). I also understand that once donated, my rights to those leave hours are forfeited.

Donating Employee Signature

Date

For Human Resources Use Only:

These transfers were made: (date) _____

Signature

**Route this form to:
Human Resources**
Hastings Hall
NDSU Dept 3140
PO Box 6050
Fargo, ND 58108-6050

Phone: (701) 231-8961
Fax: (701) 231-9686