

CONFIDENTIAL

Abraham Baldwin Agricultural College

Shared Leave Donation Form

4/12/2004

Donor name: _____ Last _____ First _____

SS# (last 4 digits) _____ Complete campus mailing address _____

Email _____ Work phone _____ Home phone _____

Donations must be in 8-hour increments, i.e., 8, 16, 24 hours, etc. (Donations of other amounts will be rounded down to the nearest 8 hours.)

Number of **sick** leave hours to be donated by this request.

Number of **annual** leave hours to be donated by this request.

I hereby request that the number of hours of sick and annual leave I have indicated above be transferred to the leave account of the following person:

If your donation is accepted, HR will notify your department about the adjustment to your leave balance. Please provide the name and campus mailing address of the person responsible for your payroll.

Name _____

Complete campus mailing address _____

Recipient name _____ Last _____ First _____ Dept/Div _____

I certify all the following are true:

- I am a benefit-eligible employee of ABAC and have completed my probationary period. Full time Part time
- Even after the above hours are subtracted from my sick and/or annual leave accounts, _____ I will have a minimum of 120 hours of combined leave remaining in my accounts, OR _____ I will have an equivalent amount pro rated to my percent time of employment, OR _____ The recipient is my spouse child parent
- The person to whom I am donating this leave is not my direct or indirect supervisor, nor is this person under my direct or indirect supervision.
- I understand this is an irrevocable decision and I cannot ask for reinstatement of this leave at a later time
- I understand any donated leave not used during the recipient's medical emergency will be returned to the donors, as determined by the date and time the Shared Leave Donation forms are received by Human Resources.
- If I am leaving employment at ABAC (retirement, changing jobs, etc.), I am donating only the number of leave hours I could use (if needed) during the remainder of my ABAC employment.

Donor Signature _____ Date _____

(Or the printed name and signature of the person having documented power of attorney for the named employee. Attach documentation of power of attorney.)

Send this completed form in a "confidential" envelope to:
Office of Human Resources
Abraham Baldwin Agricultural College
ABAC 33, 2802 Moore Highway
Tifton, GA 31793-2601