

Donation of Compassionate Leave Verification Form
Keene State College

Donating Employee: Please complete the following section and return to the Office of Human Resources Management, MS-1604.

Name of Donor Employee	Donor Employee Department/Department Address	
Donor Employment Status (OS, PAT)	Donor Employee SS#/ID #	Donor Tel. Number
Name of employee to receive Compassionate Leave	Receiver's Department	

Please transfer my leave in the amount(s) indicated below to be used as Compassionate Leave.

For OS Earned Time _____ hours
 For PAT Annual Leave _____ days

Time must be donated in increments of 1 hour of earned time or .5 days vacation or more. A maximum of 12 days per fiscal year may be donated. The donating employee must leave a minimum leave balance of one week (e.g., 40 hours/5 days) after donating leave.

I voluntarily donate paid leave in the amount specified to the employee designated above. I understand that my leave balance will be decreased by the amount contributed. I have read a copy of KSC Compassionate Leave Pilot Policy.	
_____ Signature of Donating Employee	_____ Date

HR Use Only	
Donation	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
_____ Signature	_____ Date
10/1/06	

All Compassionate Leave donations will be kept confidential.