

FSU EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM – DONOR FORM

INSTRUCTIONS FOR SUBMITTING AN EMPLOYEE-TO-EMPLOYEE LEAVE DONATION REQUEST

THE EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM IS FOR BARGAINING UNIT EMPLOYEES ONLY

This packet contains information and the form necessary to donate leave through Frostburg State University (FSU) Employee-to-Employee Leave Donation Program:

1. Fact Sheet for the Employee-to-Employee Leave Donation Program:
Contains general information about donating leave through the Employee-to-Employee Leave Donation Program.
2. Employee-to-Employee Leave Donation Program - Request Form:
 - To be completed by employee **donating** leave

Upon completion, all forms should be submitted
directly to: OHR Benefits Manager

Email: LNightingale@frostburg.edu Phone: (301) 687-4398 or Fax: 301-687-4118

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FACT SHEET

EMPLOYEES DONATING LEAVE TO OTHER EMPLOYEES:

- May voluntarily donate unused annual or sick leave to another employee within the FSU institution.
- Must have a leave balance of at least 176 hours after the donation is deducted.
- Designate the recipient of the leave.
- The maximum amount of leave that can be donated per calendar year is 96 hours.
- If an employee who receives leave does not use all of the donated leave, the remaining hours of leave shall be *restored to the employee(s) who made the donation*.
- Recipient needs 180 hours days of service to be eligible.

For employees donating leave, Complete the FSU Employee-to-Employee Leave Donation Form and submit the form to OHR Benefits Manager, Lee Ann Nightingale via email (LNightingale@frostburg.edu) or secure fax (301-687-4118). You should also provide a copy of the form to the employee to whom you are making the donation. The form is available on the OHR website at <https://www.frostburg.edu/human-resources/Policies-Procedures/alphabetical-list-of-hr-forms.php>.

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TO BE COMPLETED BY THE DONATING EMPLOYEE

Name of **Donating** Employee*: FSU ID of **Donating Employee***: FSU/USM/State Hire Date:

** Your **full** Name and FSU ID are required to help verify your identity. Failure to provide it may result in delays and/or rejection of this request. This information is kept confidential.*

Donating Employee's Division/Department Name: Unit:

Email Address: Phone:

RECEIVING EMPLOYEE'S INFORMATION:

Name of Employee: Employee's FSUID: Employee's Division/Dept Name:

FSU

TYPE OF LEAVE DONATED:	TOTAL HOURS DONATED:	**LEAVE BALANCE AFTER DONATION:
<input type="checkbox"/> SICK	_____	_____
<input type="checkbox"/> ANNUAL	_____	_____

I understand that if the employee to whom I am donating leave does not use the leave (for any reason), **the unused donated leave shall be returned to my leave balances by the Office of Human Resources.**

Employee Signature: _____ **Date:** _____

**** You must maintain a balance of at least 176 hours of accumulated leave after the donation is deducted. Additionally, you may only donate up to a maximum of 96 hours per calendar year**

**CERTIFICATION OF LEAVE FOR DONATING EMPLOYEE –
TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES BENEFITS MANAGER**

ANNUAL/SICK LEAVE CERTIFICATION: I have reviewed this employee's annual and sick leave balances and **affirm that the employee will have a balance of at least 176 hours after this donation.**

All timesheets prior to the date of this request have been completed, signed and approved. Yes No

MAXIMUM HOURS DONATED THIS CALENDAR YEAR: I have reviewed this employee's donation history and confirm that they have donated hours of leave this calendar year.

Approved Denied (if checked please indicate the reason):

CENTRAL ABSENCE PARTNER SIGNATURE _____ DATE _____

******NOT VALID WITHOUT COMPLETION BY CENTRAL ABSENCE PARTNER VERIFICATION******

Hours of selected LEAVE DONATED were deducted from balance on _____ by _____
Printed Name (Required)/Initials

Last Updated: 2/27/2025