

**UNIVERSITY AT BUFFALO
VACATION LEAVE DONATION FORM**

Name of Donor Employee

Name of Recipient Employee

Bargaining Unit (Donor)

Bargaining Unit (Recipient)

Title of Donor Employee/Line No.

**Title of Recipient Employee/Line
(if known)**

Donor Employee's Department/Phone

Recipient Employee's Department

Number of Vacation Days Donated

I hereby authorize the University to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause my balance to drop below ten (10) days of vacation as of the date this donation is submitted.

Date

Signature

NOTE: Send this form to Human Resource Services, 120 Crofts Hall, North Campus.