



University Benefits Office
535 East 80th Street
New York, New York 10075
Tel.: 212-794-5342
Fax: 212-794-5587

Application to Dedicate Annual/Sick Leave for Full-Time Employees

This form is to be completed by a full-time employee employed on an annual salary basis who believes he/she is eligible to donate annual leave and/or sick leave to an employee designated by the donor. Every reasonable effort will be made by the college to keep the donor's name confidential.

Criteria For Dedicating Leave

1. You must be in a full-time title on an annual salary basis.
2. Your donation of sick leave and/or annual leave must be in increments of one day.
3. If you have fewer than five (5) years of full-time continuous CUNY service, you may donate only annual leave. If you have five (5) or more years of full-time continuous CUNY service, you may donate annual leave and/or sick leave up to ten (10) sick leave days per program year. In order to donate sick leave, you must maintain a sick leave balance of at least twenty-four (24) days.

To Be Completed By Donor

Name of Donor: _____
Employee ID No.:* _____
Title: _____
College and Department: _____
CUNY Start Date: _____
Sick Leave Balance: _____
Annual Leave Balance _____
Days of Sick Leave To Be Donated: _____
Days of Annual Leave To Be Donated: _____

Name of Recipient: _____
Title: _____
College and Department: _____

PLEASE NOTE THAT YOUR DONATION OF SICK LEAVE MAY ADVERSELY IMPACT YOUR TRAVIA OR TERMINAL LEAVE BENEFIT. YOU ARE ADVISED TO CONSULT WITH YOUR COLLEGE HUMAN RESOURCES OFFICE.

Please return this application to the Human Resources Director of your College as soon as possible. Your College will notify you of your eligibility to donate and, if eligible, the date your donation of sick leave and/or annual leave will be deducted from your leave balances.

* If you don't know your Employee ID No., please contact the College Office of Human Resources.

Please note that each day of sick leave donated will be credited to the recipient as one-half day. Each day of annual leave donated will be credited to the recipient as a full day. If the number of days donated is more than the number of days actually used by the recipient, the unused days will be transferred by the recipient's College Office of Human Resources, upon notice to the University Benefits Office, to the Catastrophic Sick Leave Bank after one (1) year elapses from the date of the recipient's return to work. (The transfer of such leave shall not, however, qualify the donor for participation in the Catastrophic Sick Leave Bank.) In the event of a medically documented recurrence of the original illness or injury during this one (1) year period, the recipient will be permitted, upon approval of his/her respective college, to utilize the unused balance, provided that all other leave balances have been exhausted.

I hereby acknowledge and understand that my decision to donate sick leave and/or annual leave to another employee of The City University of New York is irrevocable and that the donated leave will not be returned to me, unless the intended recipient is deemed ineligible to receive the dedicated leave. I also acknowledge and understand that I have not been coerced nor am I receiving any benefit, express or implied, in return for the donated sick leave and/or annual leave; and that my donation may impact my Travia or Terminal Leave Benefit.

Signature of Donor: _____ Date: _____

To Be Completed By The College Human Resources Director

You are eligible to donate sick leave and/or annual leave.

You are not eligible to donate sick leave because

You are not eligible to donate annual leave because

Approved number of days to be donated:

_____ days of sick leave

_____ days of annual leave

Signature of Human Resources Director: _____ Date: _____

Please return this application with the disposition to the employee within five (5) working days from receipt.

