

## Employee Request to Donate Leave (P-71)

### Instructions and Guidelines

Employees should complete the top portion of this form and submit it to the HR Central Benefits Office. Please refer to the following guidelines or [HR Policy 1.10](#) (Leave Transfer Policy) for more information.

- 1) Year-End donations to the leave pool must be made prior to the established deadline in December each calendar year.
- 2) You may not donate more than one-half of the annual and/or sick leave that you have currently accrued this calendar year.  
Calculation: Year to Date Accrued Leave divided by 2 = Maximum Donation Amount
- 3) You must maintain at least 15 days of sick leave in your own leave balance.  
Calculation: Average Hours Worked Per Day X 15 (Days)= Conversion of Leave Hours to # of Days
- 4) After your leave donation is transferred, it will not be returned or restored to you.
- 5) Upon the approval of SC Legislative Proviso 117.115, you may donate annual or sick leave to another University employee. You must follow the same criteria (stated above). The employee designated to receive the leave donation must be eligible to receive leave from the leave pool.

### To Be Completed by Employee

Name (Last, First, MI):	USCID:	
Department Name:	Campus:	
Email Address:	Phone Number:	
I wish to donate _____ hours of annual leave.	I wish to donate _____ hours of sick leave.	
If you would like to donate leave to a specific employee, please list the employee's full name:	If the employee that you are requesting to donate your leave to is ineligible to receive the donated leave, do you approve for your donation to be processed to the general leave pool?	Yes <input type="radio"/> No <input type="radio"/>
I am scheduled to work _____ hours a day, _____ days a week, _____ months a year.		
Faculty <input type="radio"/> Staff <input type="radio"/>	Is this a year end donation? Yes <input type="radio"/> No <input type="radio"/>	
Employee Signature:	Date:	

### To Be Completed by Human Resources/Payroll

Class/Slot:	Hourly Rate:
Leave Balance Prior to Donation: Annual: _____ Sick: _____	
Leave Balance After Donation: Annual: _____ Sick: _____	
If donating sick leave, is the donor left with 15 days of sick leave balance?	Yes <input type="radio"/> No <input type="radio"/>
Is leave allowed to be donated to a specific employee?	Yes <input type="radio"/> No <input type="radio"/>
Donation: <input type="radio"/> Approved <input type="radio"/> Disapproved	
Reason for Denial: <input type="radio"/> Error in Completing the Form <input type="radio"/> Insufficient Leave <input type="radio"/> Other	
Comments:	
Division of Human Resources Signature:	Date:
Route to: Payroll, Human Resources, Employee, Campus/Department	