



AN HONORS UNIVERSITY IN MARYLAND

Department of Human Resources/Relations

University of Maryland, Baltimore County
1000 Hilltop Circle
Baltimore, Maryland 21250

EMPLOYEE LEAVE DONATION PROGRAM

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PART I: EMPLOYEE MAKING LEAVE DONATION

Form for Part I: Employee Making Leave Donation. Includes fields for Name, Social Security No, Department, Employee's Signature, Date, and TYPE OF LEAVE DONATED (Annual, Sick, Personal). Includes certification text: 'CERTIFICATION BY DIVISION HEAD OR CHAIR (Must be completed within 7 days of receipt of this form) I, \_\_\_\_\_, the \_\_\_\_\_ for the employee making the donation, hereby certify that the employee will have a sick leave balance of at least 240 hours after making the donation.'

PART II: EMPLOYEE RECEIVING THE DONATION

Form for Part II: Employee Receiving the Donation. Includes fields for Name, Social Security No, Department, Employee's Signature, Date. Includes certification text: 'CERTIFICATION BY EMPLOYEE RECEIVING THE DONATION (Must be completed within 14 days of receipt of this form) I \_\_\_\_\_, hereby affirm that I have attached the required medical documentation (as specified in the UMBC Sick Leave Policy for Exempt and Non-Exempt Employees). I understand that I may not use the donated leave for any continuous period that when combined with all other forms of paid leave, exceeds 16 months. I also understand that I must comply with all requirements established by DHR/R for the use of earned paid sick leave. Signature: \_\_\_\_\_ Date: \_\_\_\_\_' and 'CERTIFICATION BY DIVISION HEAD OR CHAIR (Must be completed within 7 days of receipt of this form) I, \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_ for \_\_\_\_\_ (dept) and determined that the employee has satisfied the requirements for using the donated leave. Signature: \_\_\_\_\_ Date: \_\_\_\_\_'

PART III: APPROVAL OF THE DIRECTOR OF HUMAN RESOURCES/RELATIONS

Form for Part III: Approval of the Director of Human Resources/Relations. Includes fields for 9 Approved, 9 Not Approved — give reason: \_\_\_\_\_, 9 Notification Sent to Department, Date Notification Was Sent: \_\_\_\_\_, Date: \_\_\_\_\_, Signature of HR/R Director: \_\_\_\_\_