



The University of Southern Mississippi Department of Human Resources

Date

I, _____ Employee ID#: _____
Donor Employee

designate to _____ Employee ID#: _____
Recipient Employee

_____ hours of personal leave and/or _____ hours of major medical leave.

I donate these hours to be used by the recipient employee for the catastrophic injury or illness involving either the recipient employee or his/her immediate family requiring the services of a licensed physician for an extended period of time and that has forced the recipient employee to exhaust all leave time earned by that employee resulting in a loss of compensation. I understand that if the total amount of leave I have donated is not used by the recipient employee, the donated leave will be returned to me on a pro-rata basis, based on the ratio of the number of days of leave donated by each donor employee to the total number of days of leave donated by all donor employees.

Signature

Date

Human Resources Use Only

	Personal Leave	Medical Leave
Present balances	_____	_____
Leave donated	_____	_____
Leave balance after donation	_____	_____

Name of HR employee completing form: _____

Donor employee must retain at least 7 days of personal leave and 50% of major medical.