**Unclassified**

**Hardship Leave Donation Form**

Human Resource Services

1250 Siskiyou Blvd. Churchill Hall – Room 159

Ashland, OR 97520

**Donor - Employee Information**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #: 940-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Donation Information**

I have read and understand the Hardship Leave Donation provision under the [Paid and Unpaid Leave for Unclassified Employees Policy FAD.011](https://inside.sou.edu/assets/policies/Paid_and_Unpaid_Leave_for_Unclassified_Employees_-_051719.pdf). I voluntarily agree to donate accrued leave for use by another eligible SOU Administrator or Faculty member as sick leave.

I understand the following:

* Hardship leave donations are deducted at the time they are needed and shall be credited on an hour for hour basis (not the value of the donor’s hourly rate). Notification of unused donations begin returned to the donator will be communicated by Human Resources.
* Administrators can donate up to forty (40) hours of accrued vacation leave per calendar year.
* Faculty may donate up to sixteen (16) hours of accrued sick leave per calendar year.

Name of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of hours to be donated : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Donor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit form to Human Resource Services via fax 541 552-8508, or scan/email to hrs@sou.edu, or through campus mail at the address listed above.

**HR Internal Use**

[ ]  Verified donors available Vacation

[ ]  Submit donation form to Payroll

HR Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_