

MEMORANDUM

To: University Administrators, Managers and Staff
From: Diane Copenhaver, Executive Director, Human Resources
Date: 6/17/19
Re: Leave Donation Request

Megan Senecal is employed as a Lead Cook in Dining and Conference Services at Millersville University since 2011. Due to her own serious health condition, she has used all of her available paid leave.

Ms. Senecal has requested leave donations from her fellow employees to help her cover her absences. The leave donation program allows that regular employees may donate up to five days of annual and/or personal leave to management or union employees whose union has agreed to participate in the plan to be used for the catastrophic or severe illness/injury of an employee or family member.

The following employee groups may donate annual and/or personal leave to Ms. Senecal: Managers, AFSCME, SPFPA, and OPEIU. *To donate up to five days of annual and/or personal leave to Ms. Senecal, please complete the attached form and return it to Linda Spak in the Office of Human Resources.*

Please contact Human Resources at extension 4950 if you have any questions regarding this announcement. On behalf of Ms. Senecal, please accept our gratitude in advance for your generous consideration.

REQUEST TO DONATE LEAVE FORM IS ON THE NEXT PAGE



PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION
REQUEST TO DONATE LEAVE

Date & Time Received

DONOR

Name of Donor

Personnel Number

University

Department

I understand that donations of annual and personal leave to the recipient named below may be made in one day increments (7.5/8.0 hours) up to a maximum of five days. I wish to donate _____ days of my earned annual leave balance and/or _____ days of my earned personal leave balance.

Name of Recipient

Department

My current annual leave balance is _____

My current personal leave balance is _____

I understand that this leave donation is voluntary and the leave donated is non-refundable unless the recipient fully recovers or separates prior to using my donated leave, the family member's condition no longer requires the recipient's absence, or the recipient has not used the donated leave by the end of the leave calendar year and is not expected to be eligible for donations in the following year.

I also understand that the recipient will not be provided with my name or donation amount; however, I may inform the recipient of my donation.

Donor Signature

Date

HUMAN RESOURCE OFFICE

☐ _____ hours of annual were deducted from the donor's quota on _____.

☐ _____ hours of personal leave were deducted from the donor's quota on _____.

☐ Donations sufficient to cover the recipient's expected absences were received prior to this Request to Donate Leave form.

☐ Employee is not eligible to donate leave

Reason:

HR Director Signature

Date

12/7/05

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