

Application to Donate Leave

Print Form

Donation Criteria:

1. Your Sick Leave and/or Annual Leave donation(s) must be in increments of one day.
2. If you have fewer than ten years of City service, you may donate only Annual Leave.
3. If you have at least ten years of City service, you may donate Sick Leave and/or Annual Leave. In order to donate Sick Leave, however, you must have a Sick Leave balance of at least 24 days.
4. You must be a full-time City employee.

Employee: Please fill out sections 1, 2, 3 and 4 online, print, sign and give to your Agency Personnel Officer (APO)/Agency Representative. If you are unsure of any information, please ask your Agency Personnel Officer (APO).

Step 1: Donor Information

Last Name: _____ First Name: _____
Employee ID: _____ Agency Name: _____

Step 2: Recipient Information

Last Name: _____ First Name: _____
Employee ID: _____ Agency Name: _____

Step 3: Donation

Number of Annual Leave Days donated: (in days) _____ Number of Sick Leave Days donated: (in days) _____

Step 4: Employee Signature

Employee Signature: _____ Date: _____

Your Agency Personnel Officer/Agency Representative will notify you of your eligibility to donate and, if eligible, the date your donation of Sick Leave and/or Annual Leave will be deducted from your leave balances. For additional information on Dedicated Sick Leave policies, please refer to the *Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining in Mayoral Agencies* and the *Salary Continuation Program Personnel Services Bulletins* (<http://www.nyc.gov/html/dcas/html/resources/psbhome.shtml>). *Note: If the number of days dedicated is more than the number of days actually used by the recipient, the unused days will not be returned to the donor.*

To be filled out by APO / Agency Representative: Please complete the donor information below. Sign and keep for your records. Enter this data into the Donor Information worksheet of the Case Questionnaire and e-mail to the DCAS Office of Special Programs when complete. **DO NOT send this form to the DCAS Office of Special Programs via postal mail.** Note: It is the responsibility of the APO/Agency Representative to submit an employee's correct information and to follow the policies according to each program. An audit process will take place to ensure adherence to accuracy, policies and procedures.

Agency Code: _____ Agency Name: _____
Title Code: _____ Civil Service Title: _____
City Start Date: _____ Annual Salary: _____

Is the employee serving in a title eligible for collective bargaining? Yes No

How many hours does the employee work per day? _____

What is the employee's Annual Leave balance? (in hours) _____

What is the employee's Sick Leave balance? (in hours) _____

I have verified the above responses and compared them with the records of the agency and the Office of Payroll Administration, and I confirm that all information is correct and that this employee is eligible to donate the following amount(s) of leave:

Approved Number of Annual Leave Days Donated: (in days) _____

Approved Number of Sick Leave Days donated: (in days) _____

APO/Agency Representative Signature: _____ Date: _____