



Donation of Compassionate Leave Verification Form

University System of New Hampshire

Donating Employee: Please complete Section I, II, and III and return to Susan Poole, USNH Human Resources.

Section I

Name of Donor Employee
USNH ID#

Section II

Please transfer/reduce my leave in the amount entered below to be used as Compassionate Leave:

For Non-Exempt	Enter Earned Time Hours to be Donated:
For Exempt	Enter Vacation Leave Days Donated:

Time must be donated in increments of 1 hour of Earned Time or .5 days of Vacation or more. A maximum of 12 days per fiscal year may be donated. The donating employee must leave a minimum leave balance of one week (e.g. 40 ours/5 days) after donating leave.*

Section III

I voluntarily donate paid leave in the amount specified to the employee in need. I understand that my leave balance will be decreased by the amount contributed. I have read a copy of the USNH Compassionate Leave policy.

Signature of Donating Employee/Date

HR Use Only		
Request to Donate Approved*	Yes	No
HR Signature/Date		

ALL COMPASSIONATE LEAVE DONATIONS WILL BE KEPT CONFIDENTIAL