

Mississippi State University  
**APPLICATION TO DONATE LEAVE**

**Instructions:** Complete this form to donate accrued personal or major medical leave to a designated MSU recipient employee. **All donated leave shall be in increments of not less than 24 (twenty-four) hours.** The maximum amount of earned personal leave that an employee may donate to any other employee may not exceed a number of days that would leave the donor employee with fewer than 7 (seven) days of personal leave left, and the maximum amount of earned major medical leave that an employee may donate may not exceed 50% (fifty percent) of the earned major medical leave of the donor employee.

PLEASE PRINT OR TYPE

**PART I - Applicant Information: To be completed by the applicant.**

1. Applicant's Name:	2. Applicant's MSU ID No:
3. Total hours of <b>personal leave</b> I am applying to donate:                      Current balance:	4. Total hours of <b>major medical leave</b> I am applying to donate:                      Current balance:
5. Designated Recipient's Name:	6. Recipient's E-mail Address:
7. Recipient's Department/County:	8. Recipient's Departmental Phone Number:

**Certification Of Voluntary Donation**

In accordance with Mississippi Code of 1972, Sections 25-3-93, 25-3-95, and 25-3-91, I am applying to make a voluntary donation of personal and/or major medical leave as indicated above. I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce, threaten or intimidate me to donate my personal or major medical leave. I am donating these hours to be used by a recipient employee suffering from a catastrophic injury or illness or who has an immediate family member suffering from a catastrophic injury or illness which totally incapacitates the employee from work, as verified by a licensed physician, and forces the recipient employee to exhaust all leave time earned by that employee, resulting in the loss of compensation from the state for the employee. 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. I further understand that I am relinquishing my rights to any future benefits of the donated leave.

9. Applicant's signature:	10. Date:
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**PART II - Department Authorization: To be completed by the applicant's department.**

1. Department/County:	2. Departmental Phone Number:
3. Has applicant tendered notice of separation from employment?    ___ Yes    ___ No	
4. Applicant's Department Head Signature:	5. Date:

**PART III - To be completed by Human Resources Management.**

1. Applicant's balance of leave remaining after deducting the leave donation:    Personal:	Major Medical:
2. The applicant is:    ___ <b>ELIGIBLE</b> to make the indicated leave donation.    ___ <b>NOT ELIGIBLE</b> to make the indicated leave donation. Reason:	
3. Approved by:	4. Date:
5. Title:	6. Phone Number: