

**THE UNIVERSITY OF MISSISSIPPI**  
**DONOR LEAVE REQUEST**  
(To Be Completed by Donor Department)

Date: \_\_\_\_\_

I, \_\_\_\_\_ SAP# or SS# \_\_\_\_\_  
Donor Employee (Print or Type)

Designate to \_\_\_\_\_ SAP# or SS# \_\_\_\_\_  
Recipient Employee (Print or Type)

\_\_\_\_\_ hours of my accrued Personal Leave and/or \_\_\_\_\_ hours of my Major Medical

Leave. (Note: Leave donated must be in 24-hour increments. The 24-hours may be a combination of personal and major medical leave.)

**I donate these hours to be used for the catastrophic injury or illness to either the recipient employee or his or her immediate family requiring the services of a licensed physician for an extended period of time and that has forced the recipient employee to exhaust all leave time earned by that employee resulting in a loss of compensation. 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 hours of leave donated by each donor employee to the total number of hours of leave donated by all donor employees. Note: Catastrophic injury or illness is defined as a life threatening injury or illness which totally incapacitates the employee from work. Conditions that are short-term in nature, including, but not limited to, common illnesses such as influenza, and the measles, and common injuries are not catastrophic. Chronic illnesses or injuries, such as cancer or major surgery, which result in intermittent absences from work and which are long-term in nature and require long recuperation periods may be considered catastrophic.**

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

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
(Donor's) Department Head

\_\_\_\_\_  
Date

I have attached a copy of the required physician's statement from the Recipient's physician.

\_\_\_\_\_  
\* (Recipient's) Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Human Resources

\_\_\_\_\_  
Date

\* Donated Leave is not to be credited to Recipient Employee until approved by the Department of Human Resources.

(To be completed by Human Resources only)

Recipient did not use all of the donated leave. Consequently, donated leave is being returned to the donor in the amount of: Major Medical \_\_\_\_\_ hours Personal \_\_\_\_\_ hours