Kenyon College
SPF (Sick, Personal, Family) Leave Donation and Acceptance Form
Person-To-Person Option

Part A – To be completed by contributing employee

Name _____________________________________________
Department _______________________________________

I wish to donate ___ (min. 1 day; max. 10) days of SPF leave to: _________________________.
(Receiving Employee)

I understand the SPF leave donations are voluntary. Donations must be approved by both the donating and receiving employee’s supervisor and the Office of Human Resources.

________________________________________________
Contributing Employee Signature

________________________________________________
Date

________________________________________________
Supervisor Signature

________________________________________________
Date

Part B – To be completed by receiving employee

Name _____________________________________________
Department _______________________________________

Both the employee and supervisor should initial below the appropriate option.
1. Approval of total days contributed in Part A _____ _____
2. Denial of total days contributed in Part A _____ _____
3. Approval of only _____ days contributed in Part A _____ _____

________________________________________________
Receiving Employee Signature

________________________________________________
Date

________________________________________________
Supervisor Signature

________________________________________________
Date

RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES

Part C – Action by Human Resources

Upon receipt of the approved SPF Leave Donation and Acceptance Form (Person-To-Person Option), Human Resources will verify employees meet the eligibility requirements to donate or receive donated sick leave in accordance with the SPF Leave Donation and Acceptance Policy. Donating and Receiving Employee’s SPF Leave balances will be adjusted according to the information on this Form.