

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.