



Application to Donate Annual Leave (Hurricane Sandy Relief)

Hurricane Sandy had a catastrophic impact upon many employees of The City University of New York (CUNY). There may be CUNY employees who need to take leave in order to attend to emergent conditions, but they may not have sufficient annual leave to do so. The University is therefore creating The City University of New York Hurricane Sandy Emergency Relief Annual Leave Bank Program. This temporary program, limited to dealing with the effects of Hurricane Sandy, creates a pool of annual leave on each campus, voluntarily donated by individuals at the campus, who are employed full-time on an annual salary basis for use as annual leave by eligible full-time and part-time/hourly employees on the campus. Eligible recipients may receive up to five days (5) days of paid annual leave for use during the period from November 1, 2012 through February 28, 2013. The Bank will be administered by each college's Office of Human Resources.

Program Requirements

1. You must be in a full-time title employed on an annual salary basis.
2. The maximum donation is five (5) days.
3. All leave donated to the bank is irrevocable.
4. Each day of leave donated will be debited from your leave balance as one full day. Each day of annual leave donated will be credited to the bank as a full day.
5. Donations must be made in increments of one (1) day. The number of hours that comprise a day for the donor is determined by the title of the donor.

To be Completed by the Employee

If you believe you are eligible and wish to donate annual leave, please complete and sign the section below:

Name _____
 Home Address _____
 Employee ID No.: * _____
 Title: _____

Annual Leave Balance: _____

I wish to donate _____ day(s) of annual leave.

Please return this application to your College Office of Human Resources. Within five (5) working days from the receipt of the application, the College Office of Human Resources will notify you of your eligibility, and the date your donation of annual leave will be deducted from your leave balances.

* If you don't know your Employee ID No., please contact the College Office of Human Resources.

I hereby acknowledge and understand that my decision to donate annual leave to the Annual Leave Bank (Hurricane Sandy Relief) is irrevocable and that the donated leave will not be returned to me.

I also acknowledge and understand that I have not been coerced nor am I receiving any benefit, express or implied, in return for the donated annual leave.

Signature of Donor: _____ Date: _____

To be Completed by the College Human Resources Director

You are eligible to donate annual leave. Your donation of _____ day(s) of annual leave will be effective on _____.

You are not eligible to donate annual leave.

College Human Resources Director _____ Date _____