

**EMPLOYEE DONATION OF ACCRUALS
TO THE CANCER POOL**

1. **Union Name:** _____

2. **Employee's Name:** _____
(Please Print or Type)

3. **Date of Donation:** _____

4. Please indicate the number of **HOURS** you wish to donate next to the Type of Accruals you wish to donate from: (SICK TIME ***may not*** be donated)

* Vacation _____

Comp. Time _____

Personal Time _____

“Paid” Lag Hours _____

(* indicate if frozen or new accruals, if applicable)

I understand that once I have authorized a donation of time to the Cancer Pool, said hours cannot be restored.

Employee's Signature

PLEASE FORWARD THE ORIGINAL SIGNATURE PAGE TO THE PAYROLL REPRESENTATIVE RESPONSIBLE FOR YOUR DEPARTMENT. HE/SHE WILL CONFIRM THAT ACCRUALS ARE AVAILABLE AND DEDUCT THE REQUESTED AMOUNT FROM YOUR TIMESHEET. THE PAYROLL REPRESENTATIVE SHOULD THEN FORWARD THE FORM WITH THEIR INITIALS TO THE OFFICE OF LABOR RELATIONS (10TH FLOOR, H. LEE DENNISON BUILDING, HAUPPAUGE)

College Employees should forward this form to Human Resources, NFL124