



**DEDICATED SICK LEAVE (DSL) PROGRAM  
APPLICATION TO DONATE ANNUAL LEAVE/COMP  
TIME AND/OR SICK LEAVE**

**Criteria for Donating Dedicated Leave:**

1. You must be an active System-wide employee in a Group 11 or Group 12 title.
2. Donation of Sick Leave: Only employees with at least two (2) years of continuous service and a sick leave balance of at least 160 hours (including Group 11 vested sick leave) may donate sick leave.
3. Donation of Annual Leave/Comp Time: All employees may donate annual leave/comp time. There is no minimum length of service or leave balance required to donate annual leave/comp time.
4. Your donation of leave must be in full one-day units as determined by the donor's title and workday.
5. The minimum donation is 7 hours.
6. The dedicated recipient must be eligible and approved to receive leave donations under this program.
7. Donations are irrevocable.

**Program Requirements:**

1. Each day of sick leave donated will be credited to the recipient as 3:1 or 2:1 depending upon the donors ODA.
2. Each day of annual leave/Comp Time donated will be credited to the recipient as a full day.
3. If the number of hours dedicated is more than the number of hours actually used by the recipient, the unused hours will be forfeited after one-year elapses from the date of the recipient's return to work.

**This section is to be completed by System employee seeking to donate a specific number of annual leave/comp time or sick leave hours to an eligible employee the donor designates. Please return the form to HRSS Leave Administration via email at [HRSSLeaveAdministration@nychhc.org](mailto:HRSSLeaveAdministration@nychhc.org). You may refer to Operating Procedure 20-65 for additional information.**

<b>Donor Name:</b>	<b>Donor Employee ID #:</b>
<b>Donor Corporate Job Title:</b>	<b>Donor Facility:</b>
<b>Donor Email Address:</b>	<b>Donor Phone Number:</b>
<b>Full Name of Your Designated Recipient:</b>	<b>Recipient Employee ID #:</b>
<b>Recipient's Job Title:</b>	<b>Recipient's Facility:</b>

**I have read the program requirements and eligibility criteria and I hereby apply to donate the following hours from my leave accrual(s) to the designated recipient named above:**

<b># of Sick Leave Hours to be Donated:</b>	<b># of Annual Leave Hours to be Donated:</b>	<b># of Comp Time Hours to be Donated:</b>
<b>Donor Signature:</b>	<b>Date:</b>	

**To be completed by HRSS Leave Administration:**

<b>Date Application Received:</b>	
 <input type="checkbox"/> <b>APPROVED</b>  <input type="checkbox"/> <b>NOT APPROVED</b> Your application to donate annual/comp time and/or sick leave has not been accepted and your leave time will not be deducted.	
<b>HRSS Leave Administrator:</b>	<b>Date:</b>