Kent State University Leave Donation Program
APPEAL FORM

NAME: _____________________________________________ BANNER ID: ____________________________

EMPLOYEE HOME ADDRESS: ________________________________________________________________

PHONE NUMBER: _______________________________ EMAIL ADDRESS: __________________________

CAMPUS ___________________ DIVISION ___________________ DEPARTMENT __________________

DATES LEAVE TO BEGIN & END: ___________________________ REQUESTED HOURS: _________________

In the space below, indicate why you believe you were incorrectly denied the use of the donated leave.

Please provide a brief description of each document which you believe should be reviewed in connection with your appeal and indicate which of these documents is attached. For each document identified but not provided because it is unavailable to you, please identify the person who has custody and control of the document.

Signature of Employee _____________________________ Date _____________________________

Acknowledged as Received by Signature of VP of HR _____________________________ Date _____________________________

Approved □ _____________________________ Signature of VP of HR _____________________________

Denied □ _____________________________ DATE _____________________________

Submit original signed and completed form within ten (10) business days of the denial notice to the Office of University Benefits, Human Resources, Wright Hall, 1st Floor.