



VACATION LEAVE DONATION PROGRAM

DONATION FORM

Employee No. _____

Employee _____
(Last Name) (Middle Initial) (First Name)

Donation Effective Date ____/____/____ (Effective date must be the 1st or 16th of the month)

Donated hours will be transferred and distributed to the leave pool and/or an eligible employee according to policy and as needed.

LEAVE TO BE DONATED	HOURS TO DONATE (4 hour minimum in one-hour increments)
Vacation Leave – Staff*	
Personal Leave – Faculty**	
DONATION ELECTION	DONATE HOURS TO:
Vacation Donation Leave Pool	
Employee (Include name)	

*Staff must have at least 80 hours of Vacation leave remaining in their leave balance after the donation is deducted.

**Faculty may donate unused Personal leave between 5/15 and 07/31 of the new academic year.

CERTIFICATION

I certify that this donation request is made voluntarily. By signing, I understand and agree that I relinquish all rights to the leave and the benefits accruing to or attached to the same. I understand that the donation of leave is irrevocable and that donated leave will not be refunded to me. I certify that I will have a remaining balance of 80 hours or more of vacation leave (staff only) after making this donation.

EMPLOYEE SIGNATURE

DATE

Thank you for your generous donation!

HR USE ONLY

HOURS DONATED	TRANSFER DATE ____/____/____	CONFIRMATION EMAIL ____/____/____
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