



Vacation Donation Donor Agreement Policy 2.6.40 Paid Leave Human Resources

Donor Information

Name: _____ FTE: _____

Department: _____ Title: _____

Vacation Hours Donated

(Must be donated in 8-hour increments): _____

Vacation Balance After Donation

(Must have at least 80 hours remaining, prorated based on FTE): _____

Recipient Information

Name: _____

Department: _____ Title: _____

Donor Statement of Understanding

I request that the above-specified number of hours be transferred to the named recipient's sick time balance. I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing I hereby relinquish all rights to the leave shown above and the benefits accruing to or attached to the same. I understand that the donation of leave is irrevocable and irreversible and that no leave will be refunded to me. I understand that this donation does not create any tax deduction for me. I certify that I will have a remaining balance of 80 hours or more of vacation leave (prorated by FTE) after making this donation.

Donor Signature *Date*

Office of Human Resources Signature *Date*

Approval

Recipient Department Head Signature *Date*

Executive Leadership/President *Date*