



Vacation Donation Form

Name: _____

Colleague ID _____

Job Title: _____

Department: _____

Guidelines:

- Staff who donate vacation hours from their unused balance must adhere to the following requirements:

Donation minimum- 4 hours

Donation maximum- 40 hours or no more than 50 % of your current balance in a calendar year

- Time donated will become part of a centralized pool and cannot be refunded.
- Sick hours cannot be donated.

Donation:

I wish to donate _____ accrued vacation hours to the Vacation Donation Program for:

- Eligible staff member's name: _____ . Donated vacation time not used by the staff member will remain in the centralized vacation pool to be used by another employee in need of assistance.
- Any eligible staff member

Employee Signature

Date

Submit completed form to Human Resources, 2070 Campus Box

HR USE ONLY

Approved by Signature

Dates