



Vacation Donation Request Form

Name: _____

Colleague ID _____

Job Title: _____

Department: _____

Under IRS guidelines, in order to avoid negative tax implications to the donor, staff who receive donated vacation hours from their colleagues must have a situation that meets the following criteria: (Please check which situation applies to your situation.)

- Medical Emergency- Critical or catastrophic illness or injury of the employee or an immediate family member that will require the prolonged/extended absence of the employee from work and will result in a substantial loss of income to the employee due to the exhaustion of all paid leave available, apart for the leave-sharing plan. Extended time off due to the death of a family member is also covered. IRS defines immediate family member as parent, child or spouse.
Major Disaster- A "major disaster" is defined as a disaster declared by the President under of the United States under section 401 of the Stafford Act.

Dates of Leave: _____

Number of Vacation Hours Requested: _____

If request is for a medical emergency, have you submitted the appropriate FMLA paperwork?

Yes No

Is your leave related to worker's compensation?

Yes No

Terms

My signature below certifies that :

I understand I must exhaust all of my sick and vacation hours.

I understand I may receive vacation donation payments only for a medical emergency or major disaster.

I understand I cannot receive vacation donation payments while receiving worker's compensation.

Employee Signature

Date

Submit completed form to Human Resources, 2070 Campus Box

HR USE ONLY

Approved by Signature

Dates