



Vacation Donation Request:

FOR MAJOR DISASTER RELIEF

PART I – To Be Completed by Employee or Personal Representative

Employee Information

Name _____
first last

Life # _____ Department _____

Email _____

Provide Detailed Reason for Vacation Donation Request (including supporting documentation):

PART II – To Be Completed by Supervisor/Manager

Requesting Manager Information

Name _____
first last

Extension _____ Email _____

Requesting Supervisor's/Manager's Signature _____ Date _____

PLEASE SUBMIT THIS FORM TO THE BENEFITS OFFICE (BLDG. 400B)

PART III – Fiscal and Human Resources Approval

For Official Use Only

Approval Signature _____ Date _____

Number of Hours _____ Open Date _____ Close Date _____
(Approved) date vacation account approved to be opened date vacation account approved to be closed