



Vacation Donation Authorization:

FOR MAJOR DISASTER RELIEF

To Be Completed by Donating Employee (Donor)

Donor Information (employee donating vacation hours)

Name _____	
<i>first</i>	<i>last</i>
Life # _____	Extension _____

Donation Information

Hours _____	One (1) hour will be the minimum initial amount an employee donor can donate with a maximum of no more than 104 hours of their current accrued vacation time at time of donation.
<i>number of vacation hours you are donating</i>	

- I authorize the transfer of the above stated vacation hours to the Disaster Relief Vacation Donation Bank and understand this donation shall be anonymous and subtracted from my account immediately upon confirmation from Payroll.
- I acknowledge that I have not been directly or indirectly promised any benefit by any employee or been intimidated, threatened, or coerced for the purpose of donating vacation hours.
- I acknowledge that I have no right to these hours once donated.

Donor's Signature _____ Date _____

**PLEASE SUBMIT THIS FORM TO THE PAYROLL OFFICE (BLDG. 400D),
ATTN: PAYROLL MANAGER**