



Vacation Donation Request:

FOR MAJOR DISASTER RELIEF

PART I – To Be Completed by Employee or Personal Representative

Employee Information

Name	_____	_____
	<i>first</i>	<i>last</i>
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	_____	_____
	<i>first</i>	<i>last</i>
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	_____
(Approved)		<i>date vacation account approved to be opened</i>	<i>date vacation account approved to be closed</i>

Distribution: Original to Benefits Office Files | Copies to Requesting Manager and Employee