



Vacation Donation Authorization: For Medical Emergency

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 _____	Four (4) hours will be the minimum initial amount an employee donor can donate with a maximum of no more than 50% of their current accrued vacation time at time of donation. Thereafter, contributions can be made in four (4) hour increments and a new form must be completed and submitted to Payroll.
<i>number of vacation hours you are donating</i>	

Recipient Information (employee receiving vacation hours)

Name _____	
<i>first</i>	<i>last</i>
Department _____	

- I authorize the transfer of the above stated vacation hours to the Recipient indicated above and understand this donation shall be anonymous and subtracted from my account immediately upon confirmation from Payroll.
- I understand this is voluntary and that any hours unused by the Recipient will be forfeited at the earlier of either (1) the end of the 12-month rolling period or (2) the medical emergency ends.
- 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.

Donor's Signature _____ Date _____

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