

## DONATION of VACATION

I request that vacation leave be transferred to \_\_\_\_\_  
(Receiving Employee's Name)

I have sufficient leave in my account to cover this amount. I understand that my decision to transfer vacation leave is irrevocable and that such leave may only be donated in increments of one hour up to a maximum of 40 hours.

*Please Type or Print*

### TO BE COMPLETED BY LEAVE DONOR

Name (Last, First, MI):	Employee ID:
Department Name:	Work Phone:
Amount of Leave as of End of Last Pay Period:  Vacation_____	Amount of Vacation Hours to be Transferred (1 - 40 Hours):  _____

### SIGNATURE OF LEAVE DONOR

_____	_____
Signature	Date

### PAYROLL SECTION

Leave Balance Verified and Meets Requirements:	Yes_____ No_____
Amount of Leave to be Transferred:	_____
Signature: _____	Date: _____