

# Request to Use the Vacation Donation Program

Refer to the Administrative Policy: Vacation Donation Program for Civil Service and Union-Represented Staff and corresponding Procedure: Requesting/Donating Paid Leave for Civil Service/Union-Represented Staff. Submit this form along with UM 1550: Vacation

Donation Physician's Statement. Please type or print legibly in ink.

## Part One – Employee's Statement

Name		Employee ID	
Department		Email Address	
Request is for	<input type="checkbox"/> Self <input type="checkbox"/> Family Member: Name and Relationship	Reason	<input type="checkbox"/> Medical <input type="checkbox"/> Death of Family Member* Relationship:
Date Illness/Injury Began or Date of Death		Number of Days Requested	

\* If the reason for the request is a death in the family, the Physician Statement form 1550 does not need to be completed. Please attach a copy of a death certificate, obituary, etc.

I hereby certify that I understand and agree that as a part of the process for requesting use of the University of Minnesota Vacation Donation Program that medical information is necessary. I authorize Human Resources to review all of this information and use in communications with the recipient's department. I understand that compensation received under the Vacation Donation Program for Civil Service and Labor-Represented Staff is considered taxable income.

Employee Signature	Date
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## Part Two – Employer's Statement

Classification Title		Percent:		Hourly Rate: \$	
Date when sick, vacation, personal holiday, and compensatory time will be/was exhausted:		Is the employee currently on disciplinary suspension <input type="checkbox"/> Yes <input type="checkbox"/> No Has the employee ever been subject to disciplinary action related to paid leave <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Part Three – Supervisor's Statement

I hereby certify that, to the best of my knowledge, the above information is accurate.

Printed Name of Supervisor	Email
Signature of Supervisor	Date

## Part Four – Contacts (Person to be contacted upon approval of request if other than supervisor)

Printed Name of HR Contact	Email
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Record of Action in the Office of Human Resources <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> If denied, reviewed by Senior Director of Total Comp
Date of Decision: _____ Date Decision Email Sent: _____ Completed by: _____