UNIVERSITY OF MINNESOTA

Request to Use the Vacation Donation Program

Route this form to:	U Wide Form
Employee Benefits Vacation Donation 200 Donhowe Bldg	UM 1549 **Rev:** 3/2011

Refer to the Administrative Policy: Vacation Donation Program for Civil Service and Union-Represented Staff at http://www.policy.umn.edu/Policies/hr/Leaves/VACATIONDONATION.html and corresponding Procedure: Requesting/Donating Paid Leave for Civil Service/Union-Represented Staff at http://www.policy.umn.edu/Policies/hr/Leaves/VACATIONDONATION_PROC01.html. 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		Empl ID
Department		Work Phone
Home Address		Home Phone
Request is for ☐Self ☐Family Member	Date Illness/Injury Began	
Anticipated Duration	Number of Days Requested	
Describe the Nature of Illness/Injury		

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 obtain any necessary information, including medical documentation, concerning this request and authorize Human Resources to review all of this information and use in communications between the departments of the donor and the recipient. Where release of information requires the consent of a third party, I will be responsible for acquiring such consent. I further understand that denial of this request for additional paid leave is not subject to grievance or appeal. I understand that compensation received under the Vacation Donation Program for Civil Service and Ncdqt'Represented Staff is considered taxable income.

Signature	Date

Part Two – Employer's Statement

Classification Title		Job Code
Date of Employment in Classification	Percent Time	
Hourly Rate	Date when sick, vacation, personal holiday, and compensatory time will be/was exhausted:	

Part Three – Supervisor's Statement

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

Printed Name of Supervisor	Phone
Signature of Supervisor	Date
Signature of Department Head	Date

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

Printed Name of Contact	Phone

Signature of Contact	Email

Printed Name of Payroll/Processor	Phone	Email

Record of Action in the Office of Human Resources

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