

Vacation Donation Contribution

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](#).

Part One – Employee’s Statement

Name		Empl ID
Classification Title		Job Code
Department		
Campus Address		
Percent Time	Number of Hours to be Contributed (8 Hour Increments)	
Employee Receiving Donation (Please print)		

I understand my contribution is voluntary and non-refundable, unless the donation is no longer needed. I understand a minimum of eight (8) hours of accrued vacation time is required and my annual vacation balance will be decreased by the amount contributed. I understand my contribution is confidential.

Contributing Employee’s Signature	Date
-----------------------------------	------

Part Two – Supervisor’s Statement

I have confirmed the above named employee has _____ hours of vacation time to be donated. I understand the contribution is confidential.

Supervisor’s Signature	Phone Number	Date
Supervisor’s Name	Email Address	