



**Request to Donate Vacation Leave**

<b>Employee/Donor Name</b>	
<b>Employment Type</b>	Administrator <input type="checkbox"/> Non-Bargaining Classified <input type="checkbox"/> Faculty <input type="checkbox"/>
<b>Hours To Be Donated</b>	_____

I hereby certify the following:

- This request was made voluntarily; I was not coerced, intimidated, or financially induced into donating leave;
- I understand the amount of the requested donation may be reduced automatically due to annual limit on the amount an individual may donate;
- I relinquish all rights to the amount of donated leave;
- I understand that donation of leave is irrevocable and that no donated leave will be refunded to me in cash or in kind.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For UHR use ONLY**

Donor Eligibility: \_\_\_\_ Retains a minimum of 80 hours after donation

Administrator  Non-Bargaining Classified  Faculty

\_\_\_\_ Amount of donated days (may be less than donation request if individual recipient has/will meet annual recipient maximum)

\_\_\_\_ Vacation accrual prior to donation: \_\_\_\_\_ Effective: \_\_\_\_\_

\_\_\_\_ Vacation accrual after donation: \_\_\_\_\_ Effective: \_\_\_\_\_

\_\_\_\_ Hours reduced from donor accrual Effective : \_\_\_\_\_ Initials \_\_\_\_\_

\_\_\_\_ Hours added to sick leave pool Effective: \_\_\_\_\_ Initials \_\_\_\_\_

\_\_\_\_ Date Notified Donor \_\_\_\_\_

**UHR Approver Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UHR Approver Name:** \_\_\_\_\_