



HUMAN RESOURCES DEPARTMENT

**DONATION OF VACATION TO OTHER STAFF (Non-Union)**

*Staff who have run out of vacation and sick leave due to the continuing requirement to be absent from work because of illness or family emergency may be authorized additional vacation time from a pool of vacation donated by other staff. Employees may receive up to 80 hours maximum from the vacation pool per incident and a lifetime maximum of 160 hours. Even if hours have been donated to a specific individual, the individual must submit a Request for Additional Vacation Hours.* Staff may donate vacation time, in eight (8) hour increments, to the pool or for specific individuals. Staff must retain a balance of at least eighty (80) hours of vacation after making a donation to the pool. Staff who wish to donate vacation or request hours from the pool can complete this form and return to the Human Resources Department.

**DONATION OF VACATION HOURS**

I would like to donate \_\_\_\_\_ hours of vacation to \_\_\_\_\_ (staff members' name\* or vacation pool). According to my most recent pay check I have a vacation balance of \_\_\_\_\_ hours. After making this donation I will retain a balance of at least eighty (80) vacation hours.

\_\_\_\_\_  
Staff Member's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member's Employee ID

**\*Hours donated to a specific individual will be transferred to the general vacation pool if not used within 1 year of the donation.**

**REQUEST FOR ADDITIONAL VACATION HOURS**

Due to an illness or family emergency, I have exhausted my sick leave and vacation hours and am requesting an additional \_\_\_\_\_ hours of vacation for the purpose of \_\_\_\_\_

I understand that I may request up to a maximum of 80 vacation hours for this particular incident and a lifetime maximum of 150 vacation hours in total.

\_\_\_\_\_  
Staff Member's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member's Social Security Number

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Approval

\_\_\_\_\_  
Date

**Please send completed form to the Human Resources Department.**