



Donated Time Request Form

Request Information – to be completed by employee or designee	
WIN #:	<input type="checkbox"/> Exempt (Salary) <input type="checkbox"/> Nonexempt (Hourly)
First Name:	Last Name:
Department:	Supervisor :
Purpose of Leave: <input type="checkbox"/> Employee Health Related <input type="checkbox"/> Dependent Health Related <input type="checkbox"/> Other (please explain):	
Estimated Length of Absence:	Normal Hours/Week:
Total Number of Hours Requested:	
<i>I understand that:</i> <ul style="list-style-type: none"> • It is my responsibility to review the University's Voluntary Vacation/Sick Time Donation Policy. • I am only eligible to receive payment for donated hours after all of my own sick time (if applicable) and vacation/personal time off has been utilized. • Requests for donated time cannot exceed my normally scheduled hours which does not include overtime. • The completed request form must be submitted to Human Resources for eligibility verification. • All requests must be reviewed and approved by the Donated Time Committee before donated hours can be paid. Human Resources will notify me of the Committee's decision within one week of receiving this request. 	
Signature: _____ Date: _____	
----- Eligibility Verification – TO BE COMPLETED BY HUMAN RESOURCES -----	
Estimated Length of Absence Verified:	Normal Hours/Week Verified:
Vacation Time available :	Sick Time available:
Vacation Time exhausted (date):	Sick Time exhausted (date):
Notes:	
HR Signature:	Date:
Donated Time Committee	
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Not Approved	Number of approved hours:
Signature:	Date:
Payroll Verification	
Payments begin :	Payments end:
Payroll Signature:	Date: