



Vacation/Sick Time Donor Form

Donor Information

WIN #:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt (hourly)
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First Name:	Last Name:
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Department:	Supervisor:
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All donations are kept anonymous unless you authorize disclosure. If requested, do you authorize the Human Resources department to share your name and amount of time donated?

Yes No/Remain Anonymous

Vacation hours to be donated:	Sick hours to be donated:
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DONATIONS MUST BE ONE HOUR INCREMENTS

I understand that:

- *It is my responsibility to review the University's Voluntary Vacation/Sick Time Donation Policy.*
- *I can donate up to 35 accrued vacation hours.*
- *Sick time can only be donated if I maintain a balance of at least 210 hours (staff who work 35 hours/week) or 240 hours (staff who work 40 hours/week).*
- *I cannot rescind any donated time (in part or whole) for any reason.*

Signature: _____ Date: _____

Human Resources Only

Donor's Vacation Time Accrued :	Donor's Vacation Time Eligible :
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Donor's Sick Time Accrued:	Donor's Sick Time Eligible :
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Recipient Verified: Yes No N/A (hours transferred to Donation Pool)

Time Utilized

HR Signature:	Date:
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Payroll Only

Payroll Signature:	Balances Adjusted (Date):
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NOTES:
