

VACATION LEAVE DONATION FORM

Name of Donor: _____ Employee No.: _____

I request that _____ hours be deducted from my vacation leave for contribution to:

Name: _____ Department: _____

Signature

Date

I want my donation to be anonymous (circle one): Yes No

SUBJECT TO APPROVAL BY DEPARTMENT HEAD OF EMPLOYEE RECEIVING DONATION.

APPROVED: _____
Dept Head Signature

DISAPPROVED: _____
Dept Head Signature

Personnel Department:

Approved: _____

Disapproved: _____

Date: _____