

## VACATION LEAVE DONATION FORM

Name of Donor: \_\_\_\_\_ Employee No: \_\_\_\_\_

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

Name: \_\_\_\_\_ Department: \_\_\_\_\_

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Signature

Date

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Personnel Department:      Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_