

## Donor Authorization Form Vacation Donation Program

## **Donor Information**

Donating Employee:(Last Name)		Employee ID:	
	(Last Name)	(First Name)	
Work I	Phone:	Department:	
Criteria	a for Donating Leave:		
1) 2)	Employees may NOT designate the re	y voluntary and is an irrevocable donation. cipient of their donated vacation time. All donated nation Program pool and distributed via the	
3)	The donating employee must be curre	ntly active on Monroe County Community by MCCC for a minimum of one year (12 months)	
4)	Donors may donate a minimum of 8 va hours per fiscal year to the Vacation D		
	Employees cannot borrow against futu Employees who are on an approved le	re vacation time to donate. eave of absence cannot donate vacation time.	
I wish to donate the following VACATION HOURS to the pool: Hours			
•	I understand that my donation total ca per fiscal year.	nnot be less than 8 hours nor more than 160 hours	
•	I understand that my donated hours w rate/salary and added to the Vacation	ill be converted to a value based on my hourly Donation Program pool.	
•	I understand that I am donating these hours on a voluntary basis.		
•	I understand that my donation, once processed and transferred, is irrevocable.		
•		ne recipient of my donated vacation hours and that ave hours for individuals approved to draw from	
(Donor A	uthorized Signature)	(Date)	
Submit original signed and completed form to the Human Resources Office, Warrick Student			

Services/Administration Building. Please contact the Human Resources Office with questions at

Adopted by the Board of Trustees 6-27-18.

734-384-4245.