

Request to Use Form Vacation Donation Program

sition:		Date: Dept.:	
equest to use	SICK HOURS fro	m the vacation donation pool.	
nderstand that:			
 The vacation time don The donated hours will return to work. I must be employed by I must use all my own donations are applied I must be under a physical documentation from m 	count toward fulfill ated will be converted to my will be added to my will make a min sick, vacation, per to my sick bank. Sician's care. Sickly physician is subsection.	ing the FMLA or Medical Leave perted to sick time hours based on sick bank per payroll period until imum of one year (12 months) to irsonal, or compensatory leave first time will not be granted unless nomitted.	my base salar exhausted or I be eligible. st, before nedical
	my leave end dat	on being placed on long term disa te, the donated hours will be retur	•
• If I return to work prior	my leave end dat	• • • • • • • • • • • • • • • • • • • •	•
If I return to work prior vacation time donation Staff Member Signature	my leave end dat	• • • • • • • • • • • • • • • • • • • •	ned to the Date
If I return to work prior vacation time donation Staff Member Signature For Recommendation: Supervisor	my leave end dat	te, the donated hours will be retur	ned to the Date

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