



**Request to Use Form
Vacation Donation Program**

Name: _____ Date: _____
Position: _____ Dept.: _____

I request to use _____ SICK HOURS from the vacation donation pool.

I understand that:

- I may be granted up to 240 hours within a 12-month period.
- The time granted will count toward fulfilling the FMLA or Medical Leave period.
- The vacation time donated will be converted to sick time hours based on my base salary.
- The donated hours will be added to my sick bank per payroll period until exhausted or I return to work.
- I must be employed by MCCC for a minimum of one year (12 months) to be eligible.
- I must use all my own sick, vacation, personal, or compensatory leave first, before donations are applied to my sick bank.
- I must be under a physician's care. Sick time will not be granted unless medical documentation from my physician is submitted.
- The use of donated time shall cease upon being placed on long term disability.
- If I return to work prior my leave end date, the donated hours will be returned to the vacation time donation pool.

Staff Member Signature Date

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For Recommendation:

Supervisor Date

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For Approval:

For Approval:

Area Vice President Date

Human Resources Director 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 734-384-4245.

Staff Member copy ____ Payroll copy ____ Medical file ____