



## VACATION DONATION FORM

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

Employee ID Number: \_\_\_\_\_

I hereby authorize Fresno Pacific University to reduce my accumulated vacation balance by \_\_\_\_\_ hours as a donation toward a fellow Fresno Pacific University employee's sick leave balance.

I would like to donate these vacation hours to the following FPU employee: \_\_\_\_\_

I would like to donate these vacation hours to any FPU employee in need of sick time due to personal illness or the illness of their family member, as determined by Human Resources.

I request that the donation information be kept anonymous. Yes \_\_\_\_\_ No \_\_\_\_\_

*Note: Although the donating employee may wish to remain anonymous, FPU cannot guarantee his/her anonymity.*

\_\_\_\_\_  
Signature of Employee Donating Vacation Hours

\_\_\_\_\_  
Date

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### For HR use only:

#### Criteria for Approving the Donation of Accrued Vacation Time:

1. The accrued vacation hours are being donated to meet the needs of an employee who is experiencing an approved qualifying event due to personal illness or the illness of their family member.
2. The recipient employee qualifies to receive donated vacation time after they have exhausted all available sick time and vacation time.
3. The recipient employee must agree to accept the donated time.
4. The total of regular hours worked and donated hours credited during any pay period cannot exceed the recipient employee's normal hours worked.
5. Donated vacation must be donated in 8-hour increments and must be voluntary. Donations cannot exceed 50% of the donating employee's vacation balance.

\_\_\_\_\_ Vacation hours deducted from donating employee ID # \_\_\_\_\_ on \_\_\_\_\_ (date).

\_\_\_\_\_ Sick hours added to recipient employee ID # \_\_\_\_\_ on \_\_\_\_\_ (date).

\_\_\_\_\_  
HR Department Representative Signature

\_\_\_\_\_  
Date