

CLARKE UNIVERSITY VOLUNTARY VACATION DONATION FORM

Please type or print clearly and forward to the Human Resources Office. Please note, employees are only allowed to donate from their accrued vacation hours. Sick leave hours are excluded.

SECTION 1 – DONOR INFORMATION	
Donor's Name: (printed)	
<i>I voluntarily donate the following leave hours to the vacation donation bank. I understand that donated leave hours will be deducted from my current leave balance(s) and will not be restored to me. I understand that there are no tax consequences or charitable contribution tax deductions that result from this donation. I also understand that Clarke University will not share my name with the recipient.</i>	
Donor Signature _____	Date _____
VACATION HOURS DONATED	
Instructions: You may donate a minimum of four (4) hours but you may not donate vacation hours which would reduce your annual balance to less than forty (40) hours for full time employment; prorated for part-time employment.	
	Number of Vacation Hours Donated

SECTION 2 – HR / PAYROLL USE ONLY	Current Hours	Balance After Donation	Number of Approved Donated Hours
Current Vacation Hours			

Human Resources Approval: _____

Date: _____