## Berea College

## **Request for Vacation Donation**

	B#						
	Telephone						
	State	Zip					
	Department	-					
Supervisor			_				
Please check the appropriate reason for the donation request:							
S							
	Supervisor	Telephone State Department Supervisor or the donation request:	Telephone State Zip Department Supervisor or the donation request:				

Please provide a summary of the reason for your absence:

Checklist for committee to revie	ew:					
30 days of employment	Yes	No				
Paid time off remaining as of						
Vacation						
Sick time						
STD						
First date of personal absence? Minimum of at					ın start	
First date of family absence						
Minimum of at	least 10	working da	ys before	donations	can start	
First date of eligibility for donat	ion					
Current Rate of Pay						
Has FMLA been requested and	approved	d	Y		Ν	
Period of time FMLA is approve	d	From			То	 
Vacation Donation Committee a	approves	s the followi	ing paym	ents to star	t:	

Approval

Committee Member

Director of Human Resources