

VACATION DONATION

NAME:

B#:

I would like to donate _____ hours of vacation leave.

I have read & understand the following:

- I may donate in increments of 4 hours.
- I agree to keep my pay confidential.
- I agree this is a gift & will not be repaid to me.
- I must have 48 hours of vacation time before I can donate.

This form must be delivered to Human Resources, 210 Center Street, CPO 2189, or email to blairrac@bera.edu.

Your Signature:

Date: