



## Voluntary Vacation Donation

I, \_\_\_\_\_ would like to donate \_\_\_\_\_ vacation hours to the Employer Sponsored Shared Leave Bank for use as sick time for employees to use in the event of a Medical Emergency or Major Disaster, as defined by the Employer Sponsored Voluntary Shared Leave Policy.

I understand that this leave donation is irrevocable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form directly to Payroll.**

(Office use only)	
_____	
_____	
Hours Used	Date Used