

Vacation Time Donation Form

I agree to anonymously give the amount of hours listed below to _____ . I understand this is a donation of my accrued vacation time and the payroll department of SCH will transfer the requested hours to the employee above.

I further consent that my name and identity not be revealed to the person I am giving the donation to.

<u>VACATION TIME CALCULATION</u>	
Hrs Donated	_____
x Hr. Rate of Donator Empl.	_____
= Total \$ Donated	_____
/ Hr. Rate of Donatee Empl.	_____
= Total Hours Donated	_____

Donating Employee Name: _____ Department: _____

Signature _____ Date: _____

Donating Employee's Provider Acknowledgement: _____

*** Charge donating hours/dollars to donating cost center*