



Agreement to Donate Vacation Leave to Major Disaster Leave Donation Bank

Employee Information	
Name: _____	Employee ID # _____
Email Address: _____	Phone: _____
Department: _____	Supervisor's Name: _____

Employee Certification
<p>1. I hereby authorize University Human Resource Management to transfer _____ hours of accrued vacation time from my bank to the Major Disaster Leave Donation Bank.</p> <p>2. I understand and agree to the following:</p> <ul style="list-style-type: none"> • The donation of accrued vacation hours is strictly voluntary and that I may not donate "use or lose" vacation hours. • Donated vacation hours will go into a leave bank for use by eligible recipients. The identity of recipient(s) will not be disclosed to me and I cannot designate a recipient(s). • The minimum number of accrued vacation hours that I may donate is 4 hours per calendar year; the maximum is 96 hours or no more than 50 percent of the my current balance. • Recipients may not elect to receive cash in lieu of receiving pay for absences resulting from the major disaster. Recipients may substitute leave retroactively for any period of leave without pay resulting from the major disaster. Leave deposited on account of a particular disaster may be used by only those employees affected by that disaster. • Any donated leave that has not been used by recipients within two months of the end of the major disaster will be returned to donors within a reasonable time so that the donor may use the leave, except in the event the amount is so small as to make accounting for it unreasonable or impractical. The amount of leave returned will be in the same proportion as the leave donation.
<p>Employee Signature: _____ Date: _____</p>

Supervisor
<p>I have reviewed this Request and I certify that our department has the funding to provide this donation:</p> <p><input type="checkbox"/> Approved (Department will fund this donation) <input type="checkbox"/> Denied (Department does not have the funding to allow this donation at this time)</p> <p>Employee's Hourly Rate of Pay: _____ Total Value of Hours Donated: _____</p> <p>JE Chartfield: <u> </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u></p> <p style="text-align: center;">BU ORG Fund Activity Account A/U</p> <p>Supervisor Signature: _____ Date: _____</p>

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