



Request for Vacation Donation for Major Disaster

Employee Information	
Name: _____	Employee ID # _____
Email Address: _____	Home/Cell Phone: _____
Department: _____	Work Phone: _____
Supervisor: _____	Payroll Reporter: _____

Employee Certification
1. I have already exhausted, or will exhaust before the end of the current pay period, all sick leave, vacation leave, personal preference leave and compensatory time. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate the date you anticipate exhausting all accrued paid leave time: _____
2. I anticipate that without donated leave, I will be required to take unpaid leave beginning _____
3. I anticipate that as of the date in #2 above, I will: <input type="checkbox"/> Be working a reduced number of hours <input type="checkbox"/> Be on unpaid leave
4. I am requesting _____ hours of donated leave time
5. A brief statement regarding the reason(s) I need leave hours: _____ _____
Employee Signature: _____ Date: _____

Supervisor Acknowledgement
I have reviewed this Request and I recommend that the donation be: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>(if denial is recommended, please provide a reason)</i>
Supervisor Signature: _____ Date: _____

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