Gift of Time Donation Form

Name _____

ID# _____

Check one Hourly Salaried*

* must have all prior months' leave reports approved AND take into account any days used but not yet submitted and approved in the current month

I wish to give up to _____ hours (max 40 hours per benefit year, prorated for part-time/100% appointment employees) of my paid leave/vacation time to

Name : _____

ID# : _____

I understand that a one-time deduction of the hours above will be taken from my unused accrued paid leave/vacation bank and converted based on my and the receiver's current hourly rate. This Gift of Time is for the express purpose of helping my fellow employee in their time of need. I have anticipated my time-off needs and recognize that this time, once given, cannot be returned. I understand that the Office of Human Resources will check my leave balance to be sure that I have enough time accrued to make this gift at the time it is needed, which may affect my ability to donate.

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date

On behalf of the employee in need who will be able to use your Gift of Time, thank you for your generosity.

----------HR Office Use----------

_____ salaried leave reports 1st pay: _____ PEALEAV entry

_____ notify donor 2nd pay: _____ PEALEAV entry

Updated 8/15/19