

ANNUAL LEAVE (VACATION HOURS) DONATION FORM

Please complete this form if you wish to donate annual vacation leave to the University of Colorado at Boulder and System Administration Leave Sharing Program. The hours you donate will be awarded to fellow employees who: (1) is experiencing a catastrophic/life threatening illness/injury; (2) requires leave to care for an immediate family member experiencing a catastrophic/life threatening illness/injury; (3) has suffered loss of life or substantial loss of residence as a result of a catastrophic event/natural disaster; (4) is called to respond to a catastrophic event/emergency as a first responder; or (5) is on active military service or other military operations and is experiencing serious financial hardship during the initial call up.

If an employee is donating hours that would be forfeited because of excess balances at the end of the fiscal year, please note that donation forms must be submitted for payroll processing before the June monthly payroll deadline each year. This will ensure the donations are processed accurately to avoid a double-deduction after the end of the fiscal year.

Thank you for your contribution!

Part I: To be completed by the Employee:

I am a:

Classified Employee University staff employee

Name _____ Employee # _____

Department _____

Campus Phone _____ Email Address _____

Number of annual/vacation leave hours to be donated _____

(Optional) I am donating hours for _____ (insert name of employee)

***If all donated hours are not used by the designated employee, the hours will be added to the general program.

I understand my contribution is voluntary and that my HCM community member + 5 / L D L V R Q will deduct my donated hours from my annual leave/vacation leave balance. I understand my donated hours are not refundable.

Employee Signature

Date

Part II: To be completed by HCM community member:

I certify that this donation will not result in a negative annual/vacation leave balance for the donor. I certify that I have adjusted the balance in H & O on the donor's departmental work record.

HCM Community Member Signature

Date

Following completion of Parts I & II of this form, please forward form to:
Leave