

INFORMATION ABOUT DONOR

Name _____ Title _____ Salary Grade _____ Negotiating Unit _____

Work Phone Number _____ Agency _____ Work Location _____ Item No. _____

Relationship to Recipient (check one)

Relative _____ Relative-In-Law _____ Person with whom I reside _____

INFORMATION ABOUT RECIPIENT

Name _____ Title _____ Salary Grade _____ Negotiating Unit _____

Agency _____ Work Location _____

DONATION INFORMATION

Number of Vacation Days Donated _____

Authorization

I hereby authorize the Personnel/Payroll Office to deduct from my vacation balance the number of days indicated above to be used as sick leave by the recipient named above. I certify that the days donated are not days I would otherwise forfeit and that this donation does not cause me to drop below a balance of ten days of vacation as of the date this donation is submitted.

Date _____ Signature of Donor _____

Certification by Agency Personnel/Payroll Office (when donations are made to eligible family members in other agencies)

I certify that the donor is eligible to donate and that the above number of vacation days donated has been subtracted from the donor's vacation balance.

Name _____ Signature _____

Date _____ Title _____ Phone Number _____

Mail or fax this form to personnel/payroll office of recipient and retain a copy for donor's agency files.