

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.