



Vacation Leave Donation/Request

Employee Name (Print):

Date(MM/DD/YY):

Campbell ID #:

Department:

Request to Donation Vacation Leave

I wish to donate accrued vacation hours (limited to 40 hours in a 12-month period or no more than 50 percent of your balance, whichever is less) to:

(Print employee's full name)

For Payroll use only:

Donor debited Initials Recipient Credited Initials Hours returned to donor Initials

Request to Receive Donated Vacation Leave

Expected Dates of Absence:

Total Number of Donated Days Requested:

I authorize Campbell University to release information concerning my need to other employees for the sole purpose of notifying them of my need for donated time. I agree that I will not solicit donation of vacation leave.

Reason/explanation for the request of donated vacation leave:

Employee Acknowledgment

I hereby certify that I have read the Donation of Vacation Leave Policy, as outlined in the Personnel Manual, and that I understand the policy.

Employee Signature:

Date:

Approvals

I have reviewed the circumstances surrounding this leave request. The leave is hereby:

Approved

Denied

Pending

Supervisor Signature:

Date:

VP Signature:

Date:

Leave Posted By (for Payroll):

Date:

Comments:

INSTRUCTIONS - This form shall be forwarded to Payroll in advance of taking leave. In circumstances where this is not possible, it shall be the responsibility of the supervisor to notify Payroll by telephone and ensure the form is completed and forwarded immediately after the employee returns to work. Payroll should receive the original copy. The supervisor and employee should retain copies for their records. All leave must be taken in no less than one hour increments.