

**ATTACHMENT B**

**VACATION LEAVE DONATION FORM**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please print)

To assist my co-worker, \_\_\_\_\_, I would like to donate \_\_\_\_\_ hours of vacation leave. I have read and understand the policy, Vacation Leave Donation Policy, and understand that I may do so only in 8-hour increments, not to exceed 40 hours per year. I agree to keep my pay confidential and understand that the hours I am donating will be paid to the designated co-worker at their rate of pay. I further understand that this is a gift and will not be repaid to me.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE DELIVERED TO PEOPLE SERVICES, FAIRCHILD HALL,  
OR TO CPO 2189, AS SOON AS POSSIBLE.**