

Lake Michigan College Procedure
VACATION DONATION

Office of Origin: Human Resources

Date Adopted: 11-11-09

Date Reviewed:

Last Date Modified & Approved:

Vacation Donation

Donor Agreement

Human Resources

Donor Information

Name: _____

Department: _____ Title: _____

VACATION HOURS DONATED (Must be donated in 8-hour increments): _____

Recipient Information

Name: _____

Department: _____ Title: _____

DONOR STATEMENT OF UNDERSTANDING:

I request that the above-specified number of hours be transferred to the named recipient's sick time balance. I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing, I hereby relinquish all rights to the leave shown above and the benefits accruing to or attached to the same. I understand that the donation of leave is irrevocable and irreversible and that no leave will be refunded to me. I understand that this donation does not create any tax deduction for me.

Donor Signature

Date

Approval Signature/VP, Administrative Services

Date