

ANNUAL LEAVE (VACATION HOURS) DONATION FORM

Please complete this form if you wish to donate annual/vacation leave to the University of Colorado at Boulder and System Administration Leave Sharing Program. The hours you donate will be awarded to a fellow employee who: (1) is experiencing a catastrophic/life threatening illness/injury; (2) requires leave to care for an immediate family member experiencing a catastrophic/life threatening illness/injury; (3) has suffered a loss of life or substantial loss of residence as a result of a catastrophic event/natural disaster; (4) is called to respond to a catastrophic event/emergency as a first responder; or (5) is on active military service or other military operations and is experiencing serious financial hardship during the initial call up.

Thank you for your contribution!

Part I: To be completed by the employee:

I am a:

Classified Employee University staff employee Research Faculty

Name _____ Employee ID # _____

Department _____

Campus Phone _____ Email Address _____

Number of *annual/vacation* leave hours to be donated _____

(Optional) I am donating hours for _____ (insert name of employee)
***If all donated hours are not used by the designated employee, the hours will be added to the general program.

I understand my contribution is voluntary and that my HCM community member (HR Liaison) will deduct my donated hours from my annual leave/vacation leave balance. I understand my donated hours are not refundable.

Employee Signature

Date

Part II: To be completed by HCM community member:

I certify that this donation will not result in a negative annual/vacation leave balance for the donor. I certify that I have adjusted the balance in HCM and on the donor's departmental work record.

HCM Community Member Signature

Date

**Following completion of Parts I & II of this form, please forward form to:
Leave Sharing Chairperson, Employee Relations, Taylor.Craven@colorado.edu**