

# 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.

*If an employee is donating hours that would be forfeited because of excess balances at the end of the fiscal year, please note that donation forms must be submitted for payroll processing **before the June monthly payroll deadline each year**. This will ensure the donations are processed accurately to avoid a double-deduction after the end of the fiscal year.*

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, HRER@colorado.edu**