



DONATION OF TIME OFF BENEFITS

Name of Employee donating time: _____

Donating Employee's Department: _____

Number of Hours donated: _____

Type of Hours:

- Vacation
- Personal
- Sick

Employee Receiving Donation: _____

Receiving Employee's Department: _____

APPROVALS

Donating Employee's Manager:	Date:
Receiving Employee's Manager:	Date:
Human Resources:	Date:
Payroll:	Date:
Date Processed:	