



**VOLUNTARY VACATION DONATION**

I, \_\_\_\_\_ donate \_\_\_\_\_ vacation hours to  
\_\_\_\_\_ for their use as sick time for serious illness or  
injury as defined by the Family and Medical Leave Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form directly to Payroll.**

(office use only)	
_____	
_____	
Hours Used	Date Used