



VACATION DONATION PROGRAM REQUEST TO DONATE VACATION

DONOR INFORMATION:

DONOR'S NAME (LAST, FIRST, M.I.)

EMPLOYEE ID:

E-MAIL ADDRESS:

RECIPIENT'S NAME:

I hereby authorize the transfer of _____ vacation days to the above named leave recipient.

- I certify that this donation does not cause my vacation balance to drop to one-half the amount I will accrue this vacation year.
- I certify that the leave recipient is not my Supervisor.
- I acknowledge that once this form is submitted, the donation of leave is not revocable.
- I understand that my donation is not tax-deductible per Internal Revenue Service, Letter Ruling 9051005.
- I acknowledge that I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.
- I acknowledge that I have read the Fermilab Vacation Donation Policy.

DONOR'S SIGNATURE_____
DATE**PRIVACY STATEMENT:**

Participation in this program is voluntary. The information furnished will be used to identify records properly associated with the transfer of vacation time. This form will be retained by Fermilab for a period of one year from the date the leave transfer is executed.

SUBMIT COMPLETED FORM TO EMPLOYEE RELATIONS DEPARTMENT
SCAN AND EMAIL HSIDMAN@FNAL.GOV | FAX 630.840.2306 | MAIL STATION 124

FOR USE BY HUMAN RESOURCES ONLY:REQUEST APPROVED: YES NO

DATE PROCESSED: