

DONATION OF VACATION LEAVE TO THE CRISIS LEAVE SHARING PROGRAM

I am donating _____ Day(s)

*(3 days maximum donation) of my accrued vacation leave to the Crisis Leave Sharing Program. I understand that one day equals 8 hours of vacation and that donations may only be made in increments of one-day/8 hours. I also understand that this donation will be subtracted from my vacation leave balance and that I will **not** recover the days donated.*

Name: _____ UNMC Personnel Number: _____
(Please print)

Department: _____ FTE: _____ Accrual Rate: _____

Campus Address: _____ Zip: _____ Campus Phone #: _____

Employee Signature

Date

Supervisor's Verification

This is to verify that _____ has a sufficient vacation leave balance to donate to the Crisis Leave Sharing Program as noted above.
(Employee Name)

Supervisor's Name: _____
(Please print)

Campus Address: _____ Zip: _____ Campus Phone #: _____

Supervisor's Signature

Date

The following information will be completed in Human Resources and be for recording purposes only:

Salary of employee donating leave: Hourly _____ Annually _____

Recording of Donation in Human Resources

Date Received in UNMC Human Resources Employee Relations-2000 Administration Center Bldg., Omaha, NE 68198-5470

NOTE: Employee Relations-Human Resources will retain the original of this form.

Questions? Call 402/559-4371 or 402/559-8534

Send completed form to UNMC Human Resources-Employee Relations, Room 2000 Administration Center Bldg. zip 5470

Return to UNMC Human Resources - Employee Relations at campus zip 5470