DONATION OF HOURS FORM

(To view the complete policy, visit https://www.fin.ucar.edu/hr/internal/donation_program.html)

Last Name: _____ **First Name:** _____

Employee ID# : _____ **Effective Date of Donation:** _____

SECTION I

I would like to donate _____ **hours. I'm on:** _____ PTO _____ Vacation
(donations accepted in 4-hour increments)

My current PTO or Traditional Vacation balance is: _____
(Donations cannot exceed 50% of the donating employee's PTO or traditional vacation balance, and at least one weeks' worth of leave must remain in the donor's balance.)

Please note:
-- PTO not yet accrued may not be donated.
-- Because of employee privacy issues, donors may not specify a particular recipient.
-- Donations may not be rescinded or returned in part or whole to donors.
-- Donations will be kept confidential.
-- Donations may be made on a quarterly basis, or as announced by Human Resources.

SECTION II SIGNATURE

Signature: _____ Date: _____

Forward completed hard copy form to: Cyd Perrone
CG4
or confidential fax 303-497-8728

For HR use only:

SECTION III REVIEW AND APPROVALS

Donor:
Leave plan type: _____
TC Hours available: _____
Hours donated: _____
Hours remaining: _____

_____ Date Notified Payroll
_____ Date Notified Donor

Approved? _____
Disapproved? _____
Denial Reason? _____

_____
HR Benefits Administrator Date

1/04