



ACCRUED VACATION DONATION AUTHORIZATION

Date Requested: _____ Employee Number: _____

I, _____, hereby authorize Seton Hall University to
(Donating employee name)

reduce my accumulated vacation hours by _____ hours as I wish to donate
(Enter total # of hrs: in increments of 7 – not to exceed 35 hours)

these hours to the following employee _____.
(Recipient employee name)

I understand that this donation is voluntary and irrevocable.

Signature of the Donating Employee: _____

Criteria For Approving the Donation of Accrued Vacation Time:

- **The accrued vacation hours are being donated to meet the needs of an employee who is experiencing an approved qualifying event due to personal illness or the illness of their family member.**
- **The recipient employee qualifies to receive donated vacation time after they have exhausted all available sick time, vacation time, and personal time of their own.**
- **The recipient employee must agree to accept the donated time.**
- **The total of regular hours worked and donated hours credited during any pay period cannot exceed the recipient employee's normal hours worked.**

Approvals:

Signature of the AVP for Human Resources (Or Designee) (Date)

Accrued Hours Credited to Recipient Employee _____

Accrued Hours Deleted from Donating Employee _____

Signature of the Payroll Manager (Date)

Entered form is to be returned to Human Resources for filing.