



VACATION DONATION FOR MEDICAL EMERGENCY

RECIPIENT NAME (please print): _____ Employee ID: _____

The purpose of vacation donation is to provide financial assistance in the form of additional sick leave for employees of the University of Utah during approved leaves relating to Medical Emergencies. The payment of vacation hours donated is taxable to the recipient.

1. Recipients may receive donated vacation for use during an approved leave of absence for their own or a Family Member's Medical Emergency. Recipients or managers will be required to provide appropriate verification of the need and medical emergency. Please include the anticipated dates of leave and return to work in the explanation of the need for donation.
2. Recipients are prohibited from soliciting co-workers for vacation leave donations. All donations are strictly voluntary.
3. The recipient must be in a regular (not temporary) position at 75% FTE or greater and must have used all of his/her own available paid leave time; including all sick, vacation, personal preference, and compensatory time.
4. Employees may only donate accrued vacation time. Sick leave, personal preference days, and compensatory time cannot be donated. Employees who do not accrue vacation (e.g., faculty and administrators at director level and above), are unable to donate vacation time, unless the employee has accrued vacation hours banked from a previous position.
5. Donations of PTO from UUHC employees is not allowed. Donors employed on campus may donate vacation to recipients in other University departments provided that the Cognizant director/dean for each department support the request and authorized financial authorities for each department have agreed on how the wages will be paid to the receiving employee.
6. The maximum amount a recipient can receive is the minimum amount necessary to cover the absences experienced as a result of the Medical Emergency up to six (6) months from the original date the Medical Emergency began.
7. Donated vacation hours are first converted to the hourly rate of the person donating the hours, then converted back to hours based on the hourly rate of the recipient.
8. Departments may deny requests or reduce requests. Requests must be submitted to Human Resource Management for final approval and processing. Please submit the form to Human Resources 3 business days prior to the end of the pay period to allow for the processing and adjustments to be completed.

DONOR AUTHORIZATION

I authorize the University Benefits Department to transfer **Vacation Hours** from my account to the individual named above as sick leave.

DONOR NAME (please print): _____ Employee ID: _____

Department: _____ Phone No.: _____

Donor Signature: _____ Date: _____

MANAGER AUTHORIZATION *Manager: Please confirm Employee ID Numbers and attach a memo that explains the recipient's need for the donated time. Submit completed form(s) to the HR Solutions Center.*

Donor's Manager	Recipient's Manager (If Different)
Name	Name
Phone No.	Phone No.
Signature and Date	Signature and Date

APPROVALS REQUIRED FOR TRANSFERS BETWEEN DIFFERENT DEPARTMENTS:

Donor's Department	Recipient's Department
Director/Dean Name	Director/Dean Name
Signature and Date	Signature and Date

Authorized Financial Authority Name	Authorized Financial Authority Name
Signature and Date	Signature and Date