



# Vacation Donation Recipient Agreement

**Recipient Information**

Name: \_\_\_\_\_ Employee ID# : \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

FTE: \_\_\_\_\_ Current leave balances: sick \_\_\_\_\_ vacation \_\_\_\_\_ compensatory \_\_\_\_\_

I am accepting \_\_\_\_\_ hours of donated vacation time

**RECIPIENT STATEMENT OF UNDERSTANDING**

I certify that I am not currently receiving any paid benefit as a result of my employment with the university, such as Select-Term or Long-Term Disability or Worker’s Compensation. I understand that I am not eligible to simultaneously receive LTD, STD and/or Workers’ Compensation while receiving pay from this donated time. I understand that converted sick hours paid to me will not exceed my normally scheduled work hours per pay period and will be counted concurrently as Family Medical Leave, if applicable. Additionally, I understand that compensation received under the Vacation Donation Program is considered taxable income.

\_\_\_\_\_  
*Recipient Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature/HR Representative*

\_\_\_\_\_  
*Date*

APPROVAL:

\_\_\_\_\_  
*Recipient Department Head Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*College/VP Unit Designee*

\_\_\_\_\_  
*Date*