

DONATION REQUEST 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 Request: _____

SECTION I

Requested number of donation hours: _____

Purpose of the requested donation hours: _____

When will hours be used? (approximately): From date: _____ To date: _____

Current PTO or Traditional Vacation balance: _____

Please note:

- While it is not mandatory that an employee exhaust all PTO or traditional vacation to request a donation, the number of hours requested and the circumstances will be taken into consideration when evaluating the request. Generally all available leave must be used before using donated leave.
- Certification of a qualifying medical condition may be required from a physician.
- A recipient's FTE will be considered when determining the total hours required to meet an employee's request for use of donated leave hours.
- All applications for leave, as well as medical information, are confidential and are not included as part of the employee's personnel file.
- The employee's participation in the donation program does not extend or substitute, but rather runs concurrently with any other approved **unpaid** leave of absence. Nor does it provide a guarantee that the employee will be returned to the same or equivalent position held prior to the leave or of continuing employment, except as provided under applicable law (such as the Family Medical Leave Act).
- Appeals for denied requests for donated leave are to be sent to the Director of Human Resources, who will consult with the President's Council prior to issuing a decision.

SECTION II SIGNATURE

Signature: _____ Date: _____

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

For HR use only:

SECTION III REVIEW AND APPROVALS

Recipient:	Leave plan type:	Approved?	_____
	Hours available:	Disapproved?	_____
	Donated hours requested:	Date Notified Payroll?	_____
	Donated hours received:	Date Notified Recipient?	_____
	Reason for denial:		_____

HR Benefits Administrator _____ Date _____ HR Benefits Manager _____ Date _____