



MARION EYE CENTER & Optical

VACATION DONATION FORM

VACATION DONOR INFORMATION:

EMPLOYEE NAME: _____

DEPARTMENT: _____

DATE: _____ SUPERVISOR: _____

VACATION HOURS DONATED: _____

VACATION RECIPIENT INFORMATION:

EMPLOYEE NAME: _____

DEPARTMENT: _____

DATE: _____ SUPERVISOR: _____

I request that the above specified number of hours be transferred to the named recipient's vacation time balance. I hereby certify that this request is made voluntarily. I was not coerced, intimidated, nor financially induced into donating vacation time. I hereby relinquish all rights to the leave shown above. I understand that this donation of leave time is irrevocable and irreversible. Donation of this leave time is in no way tax deductible.

DONOR EMPLOYEE SIGNATURE

DATE

HUMAN RESOURCES MANAGER APPROVAL

DATE