

**DONATION OF VACATION TIME**

**Policy**

In an effort to foster and sustain a caring environment and enhance community spirit, the University of Hartford provides regular full-time staff with the opportunity to donate vacation time in support of their colleagues who are faced with emergency circumstances. The maximum amount of vacation time that can be donated by one staff member or can be received by one staff member is 10 days per fiscal year. Donated vacation time cannot be reclaimed; therefore, employees are urged to consider their own present and future needs when determining how many days/hours to donate to another employee.

Recipients of donated vacation time must have exhausted their own vacation and personal time allotment to be eligible to receive donated vacation time from another staff member. Recipients of donated vacation time will be paid at their current rate of pay. Completed Donation of Vacation Time forms must be submitted to HRD and will be processed in the order in which they are received. Every attempt will be made to protect the privacy of individuals who participate in the donation of vacation time program, and the identities of participants will be kept confidential, except as required to administer the policy and/or for any required legal action.

**Note:** In accordance with IRS regulations, donated vacation time is considered taxable to the employee DONATING the time and not the employee receiving the time. The donating employee will be taxed after the recipient uses donated time.

**Donation of Vacation Time Request**

I, \_\_\_\_\_, request to donate       ½ day       \_\_\_\_\_ full day(s)  
(Print Name)

from my allotted vacation balance to the following employee: \_\_\_\_\_  
(Print Name)

I understand that only my current allotted vacation time can be donated under University policy. I further understand that I cannot reclaim my donated vacation time and that I will be taxed on this donation in accordance with IRS regulations.

\_\_\_\_\_  
Signature of Employee Donating Vacation Time

\_\_\_\_\_  
ID# of Employee Donating Vacation Time

\_\_\_\_\_  
Date

<b>HRD REVIEW:</b> Approved by: _____ Date: _____	HRD E-mail/Letter to DONOR: Date: _____ HRD E-mail/Letter to RECIPIENT: Date: _____ HRD E-mail to Supervisors - Donor & Recipient: Date: _____
<b>PAYROLL PROCESSING:</b> Processed by: _____ Date: _____	