



ARCHDIOCESE OF MIAMI

Office of Human Resources

Voluntary Vacation Donation Form

(Use this form to donate vacation leave time)

Employee Name: _____

Position / Office: _____

Available Number of Days of Accrued Vacation: _____

Number of days of accrued vacation to donate (*not more than 5 vacation days in a given fiscal year*)

Medical emergencies _____

Major disasters (print name of disaster) _____

Eligibility requirements:

- I work 30 hours or more per week (not seasonal). Yes ____ No ____
- I have been employed at the Pastoral Center for a minimum of one year. Yes ____ No ____
- After the donation has been made, I will have 10 days of accrued vacation left. Yes ____ No ____

Employee signature

Date

To be completed / signed by Human Resources:

Approved: _____

- ✓ Medical emergencies (number of days) _____
- ✓ Major disaster (number of days) _____

Cannot be approved: _____

Senior Director, Human Resources

Date

Finance Office (Payroll) Verification of Vacation Availability and Acknowledgement of Receipt:

Accounting / Payroll Manager

Date