



ARCHDIOCESE OF MIAMI

Office of Human Resources

Voluntary Vacation Transfer Request Form

(Use this form to request donated vacation leave time)

Employee Name: _____

Position / Office: _____

Requested number of days of donated
vacation leave time (not more than 5
vacation days in a given fiscal year)

Medical emergencies _____

Major disasters _____

Print name of disaster _____

Date of Donated Leave: From _____ mm/dd/yyyy To _____ mm/dd/yyyy

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 ____
- I am not eligible for any paid leave including but not limited to social security disability, long-term or short-term disability, or workers' compensation. Yes ____ No ____

Please indicate below the nature of the qualified personal emergency for which you request leave.



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Employee Acknowledgement and Statement of Understanding

I understand that I will be compensated at my regular rate of pay.

I understand that the approved donated leave time is considered wages to the recipient and will be included in my gross income. Therefore all applicable payroll taxes will be deducted on the approved donated leave time.

I have read and understand the ADOM Pastoral Center Voluntary Vacation Donation Policy and will comply with the procedures stated therein.

Employee signature

Date

To be completed / signed by Human Resources:

Approved: _____

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

Cannot be approved: _____

Senior Director, Human Resources

Date

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

Accounting / Payroll Manager

Date