GLENNER H.E.A.R.T. FUND - VACATION TIME DONATION FORM

(Helping Employees in A Real Time of Need)

Employee Name: _____

Department: _____

Supervisor: _____

Acknowledgment of Voluntary Vacation Time Donation:

- I, _____, hereby acknowledge that I am voluntarily donating a portion of my accrued vacation time to the Glenner Heart Fund, a hardship assistance program designed to support fellow employees who are experiencing significant personal or financial hardship.
- I understand that this donation is made of my own free will, without any coercion or promise of compensation.
- I am choosing to donate _____ hours of my accrued vacation time to the Glenner Heart Fund.
- I acknowledge that once this time is transferred, it will be permanently deducted from my available vacation balance and will no longer be available for my personal use.
- I understand that this donation is irrevocable and cannot be refunded, reversed or reassigned to any individual.
- I further acknowledge that this donation will be used in accordance with the Glenner Heart Fund's guidelines and will be allocated at the discretion of the program's administrators.

Employee Signature: _____ Date: _____

For Employer Use Only:

Vacation hours verified and deducted: ☐ yes ☐ no

Remaining vacation balance after donation: ____ hours

Processed by: _____ Date: _____