



**Request to Use Form  
Vacation Donation Program**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Dept.: \_\_\_\_\_

**I request to use \_\_\_\_\_ SICK HOURS from the vacation donation pool.**

I understand that:

- I may be granted up to 240 hours within a 12-month period.
- The time granted will count toward fulfilling the FMLA or Medical Leave period.
- The vacation time donated will be converted to sick time hours based on my base salary.
- The donated hours will be added to my sick bank per payroll period until exhausted or I return to work.
- I must be employed by MCCC for a minimum of one year (12 months) to be eligible.
- I must use all my own sick, vacation, personal, or compensatory leave first, before donations are applied to my sick bank.
- I must be under a physician's care. Sick time will not be granted unless medical documentation from my physician is submitted.
- The use of donated time shall cease upon being placed on long term disability.
- If I return to work prior my leave end date, the donated hours will be returned to the vacation time donation pool.

\_\_\_\_\_  
Staff Member Signature Date

.....  
**For Recommendation:**

\_\_\_\_\_  
Supervisor Date

.....  
**For Approval:**

**For Approval:**

\_\_\_\_\_  
Area Vice President Date

\_\_\_\_\_  
Human Resources Director Date

**Submit original signed and completed form to the Human Resources Office, Warrick Student Services/Administration Building. Please contact the Human Resources Office with questions at 734-384-4245.**

Staff Member copy \_\_\_\_ Payroll copy \_\_\_\_ Medical file \_\_\_\_