

SHARED VACATION LEAVE DONATION

Donations must be made in full-hour increments with **no minimum hours required** .

Name _____

SS# _____

Work Location _____

I wish to donate _____ hours.

To, name _____ (please print)

I understand this will deduct from the vacation hours I currently have in reserve.

Print your name _____

Sign your name _____

Please return completed form to:

**SKACE
PO BOX 17038
Salem, OR 97305**

SKACE
Your UNION at work