



Hardship Donation Form

irrevocable

Name of Recipient: _____ *(Please print)*

Name of Donor: _____ *(Please print)*

Number of vacation hours donated: _____ *(whole numbers only)*

Number of comp time hours donated: _____ *(whole numbers only)*

Signature of Donor: _____
A typed signature is valid when this form is emailed from the donor.

Date: _____

Only by marking this box do I give HR permission to disclose my name to the recipient.

Return this form to Human Resources using one of the following methods:
