

WSNA NEGOTIATIONS

DONATION OF VACATION TIME REQUEST

Date of Request: _____

Employee Making Donation: _____ Employee # _____
(Please Print)

Unit/Department: _____ Manager: _____

___ Check here if you wish your donation to be anonymous.

Hours to be donated (in 1-hour increments): _____ *

I hereby voluntarily authorize the vacation (annual leave) hours listed above to be donated to the WSNA negotiating team members participating in the Virginia Mason/WSNA contract negotiations.

I understand this voluntary donation is irrevocable. I further understand I must forward this form to Human Resources Benefits @ mailstop: M5/HR for processing.

Donating Employee's Signature

Human Resources Date Approved: _____

Human Resources Processed By: _____

*Donations will be accepted for up to 7-days after ratification.