



The Association of Salem Keizer Education Association
2540 Coral Avenue NE
Salem, OR 97305-7038
Office: 503.364.8612
Facsimile: 503.364.6987

SHARED VACATION LEAVE DONATION

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

Please print legibly.

Name: _____

Employee ID#: _____

Work Location: _____

=====

I wish to donate _____ hours.

I wish to donate my hour[s] to: _____
Name of Member/Employee

I understand this will deduct from the Vacation Hours I currently have in reserve.

Print Your Name: _____

Sign Your Name: _____ / _____
Date

Please return the completed form to:
ASK ESP
P.O. Box 17038
2540 Coral Avenue NE
Salem, OR 97305-7038
Office: 503.364.8612 | Facsimile: 503.364.6988