



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 be deducted from the Vacation Hours I currently have in reserve.

Print your Name: _____

Sign Your Name: _____ / _____
Date

Please return or scan the completed form to:

ASK-ESP

2540 Coral Avenue NE | Salem, OR 97305-7038

[office] 503-364-8612

[Fax] 503-364-6988

president@askesp.org