

REQUEST TO RECEIVE DONATED VACATION LEAVE (BEREAVEMENT)

(Complete and submit to the Catastrophic Leave Sharing Program, email to downing7)

Recipient Employee Name: Emp. No. Wk. Phone: Home Phone:

Payroll Acct. Supervisor Name: Phone:

I am requesting donated vacation due to the following qualifying event:

[] **Bereavement for a period of not more than five days due to death of a family member (I certify that the deceased is a family member as defined in PPM Section G.III.3.6.1 to include my spouse, registered domestic partner, parent, child, sibling, grandparent or grandchild; in laws and step-relatives in these relationships; or other persons residing in my household for whom there is a personal obligation).**

I estimate I will require _____ (not more than five) days of donated vacation during this Catastrophic Leave period.

Date of death: _____

Relationship of deceased: _____

I authorize / (I do not authorize) release of my name and the number of days of donated leave I am requesting be placed on the LLNL Benefits Office website (viewable internally and externally) in soliciting donors for this request.

I understand that receipt of any donated vacation is subject to my eligibility and its availability. I also understand that use of donated leave is allowed only during the period of the above indicated bereavement and that I will be responsible for promptly notifying payroll should I return from leave prior to the days indicated on this request. Unused donated leave will be forfeited upon the earlier of, conclusion of this leave or separation from employment.

Recipient Employee Signature

Date

Official Use:	
Authorized to receive up to _____ hours donated leave: effective date _____	
_____ Human Resources Representative	_____ Date