

# Vacation Donation Program Contribution Form

MINNESOTA STATE UNIVERSITY MOORHEAD

To be eligible to donate to an employee on the Vacation Donation Program, an employee must be eligible to accrue and use vacation leave or have a personal leave balance, and must have an earned balance that equals or exceeds the number of hours donated. Note: Faculty or other personnel who do not accrue vacation may donate personal leave days.

All state employees may contribute to the following two Vacation Donation Programs:

1. Vacation Donation Program – **Unreimbursed Medical Costs** (aka Value donation)
2. Vacation Donation Program – **Continued Salary** (aka Hours donation)

The maximum amount of vacation leave an employee may donate per fiscal year is 52 hours: 12 hours (or 1 ½ days personal leave) to the Unreimbursed Medical Costs program, and 40 hours (or 5 days personal leave) to the Continued Salary Program. Donations may be made on-line through the [State Employee Self-Service website](#), or by submitting this completed form to the agency Human Resources office.

Hours donated in each program may be given to one recipient or may be divided among two or more recipients in that program. Once an authorization to donate vacation hours/personal leave days has been processed, it is irrevocable. Donations must be in whole hour increments, with one hour as the minimum donation. Vacation donations are **not** considered a charitable contribution for income tax purposes.

If donating hours to the Unreimbursed Medical Costs Program, the monetary value of the employee's donation will be included as taxable income to the donor. Therefore, the State will deduct State and Federal Tax at the supplemental rate, as well as FICA and Medicare, from the monetary value of the hours donated. The amount remaining after these deductions is the amount transferred to the recipient's account. This will not change the amount of the donor's check.

Donating Employee's Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Total number of hours to be deducted from my vacation leave (or personal leave) balance: \_\_\_\_\_

I authorize hours to be donated to the following approved Vacation Donation Program recipient(s):

Program	Recipient Name(s)	# of Hours
_____	_____	_____
_____	_____	_____

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of HR Staff: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the above named employee has sufficient vacation (or personal leave) balances to cover this contribution.

*(Retain this form on file with payroll documents for applicable pay period)*

Office of Human Resources

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