

Berea College

Request for Vacation Donation

Name _____ B# _____
Address _____ Telephone _____
City _____ State _____ Zip _____
Position Title _____ Department _____
Date of Hire _____ Supervisor _____

Please check the appropriate reason for the donation request:

- Own injury or illness
- Family Member injury or illness

Family member and relationship

First date of absence

Expected return to work date

Please provide a summary of the reason for your absence:

