



VACATION DONATION FORM

Date Requested: _____ Donating Employee ID#: _____

I, _____, hereby authorize SFM, LLC (Sprouts) to reduce my
(Donating Team Member Name)

vacation hours by _____ hours. I wish to donate these hours to the following Team Member
(Enter Total # of Hours; Not to Exceed 40)

Name _____ Employee ID# _____
(Recipient Team Member Name) (Recipient Team Member Employee ID#)

To be used for the following reason: _____

I understand that this donation is voluntary and irrevocable.

Signature of the Donating Team Member: _____ Date: _____

Signature of the Team Member's Supervisor: _____ Date: _____

See Sprouts Vacation Donation Policy located on BeWell or The Vine for full rules.

Team Members are eligible to receive up to 80 hours per calendar year of donated vacation if they meet the following criteria:

- The receiving team member is eligible to accrue vacation
- The receiving team member has not been disciplined for any violations of Sprouts' policies or its Code of Conduct within the prior 90 days
- The receiving team member is on an approved leave of absence relating to a medical emergency, as defined in the policy
- The receiving team member has exhausted all vacation, paid sick leave, personal leave or any other types of paid leave, including worker's compensation leave.

Submit via an HR Support Ticket to the Benefits Team using the PTO/Sick Time category