

COMPASSIONATE LEAVE DONATION FORM

Employees wishing to donate accrued vacation to the compassionate leave bank shall meet the following requirements:

- A. Be a regular full or part-time employee on active status.
- B. Retain a minimum of 80 hours of vacation leave for the donating employee's use in each calendar year.
- C. Have successfully completed their probationary period.
- D. Be classified as non-exempt to donate accrued unused compensatory leave.
- E. Neither sick leave nor floating holidays can be donated.

Donations may be made in one-hour increments only. Partial hours will not be accepted. All donations are to be kept confidential except on a need-to-know basis.

- **Exempt** and **non-exempt** employees:
I wish to donate _____ hour(s) of my accrued **vacation** leave.

- **NON-exempt** employees **ONLY**:
I wish to donate _____ hour(s) of my accrued **compensatory** leave.

I voluntarily donate the number of leave hours listed above to the Compassionate Leave program for City employees. I understand my donation will be deducted from my leave accrual balance(s) following approval of this form by Human Resources. I understand that the leave hour(s) I donate will not be restored to my leave account. My signature below authorizes the deduction of the above leave time from my records.

Donor's **Printed** Name

Employee ID#

Department

Donor's Signature

Date

If you prefer your donation to go to a specified recipient, please indicate the recipient's name below. Donated leave unused by specified recipient will be added to the Compassionate Leave Pool and not returned to the donor.

Recipients Printed Name

Approved By:

Human Resources

Date

***** HR USE ONLY*****

Recorded by HR on: _____ VACATION: _____ COMP: _____ EXEMPT NON-EXEMPT
Date

TO PAYROLL TO DEPT PAYROLL RECEIPT