



LEAVE DONATION FORM

The following information is to be completed by the employee donating leave and returned to the Human Resources Department. All requests to donate leave are subject to approval in accordance with the Town's Personnel Policies and Procedures and applicable law.

EMPLOYEE INFORMATION:

Name		Department	
Hire Date		Supervisor	

TYPE OF LEAVE:

Recipient of Leave Donation		Check One	<input type="checkbox"/> Vacation Leave Hours donated: _____	<input type="checkbox"/> Sick Leave Hours donated: _____
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EMPLOYEE REQUIREMENTS: (PLEASE READ)	HR USE ONLY
A. Employees may donate vacation or sick leave. Employees must maintain a cumulative balance of 80 hours of sick and vacation leave.	<input type="checkbox"/> Yes <input type="checkbox"/> No Vacation balance: _____ Sick leave balance: _____
B. Employees may only donate up to 40 hours of sick leave per calendar year.	<input type="checkbox"/> Yes <input type="checkbox"/> No Previous sick leave donated in CY: _____

Human Resources will review the request to ensure the employee's eligibility. The identity of donating employees will be kept confidential.

Employees must submit a new donation form for each FMLA leave or administrative leave for medical purposes period during which the employee desires to donate leave and for each person the employee desires to donate leave to. Employees must donate leave in full day increments, based on the number of hours in the receiving employee's work day. Pledged leave hours will remain in the donating employees leave banks unless and until they are needed by the receiving employee.

I authorize the amount listed above to be deducted from my current leave accumulated to date; however, I understand the donated leave will be deducted on an as needed basis and not automatically deposited into the receiving employee's leave.

Employee Signature: _____ **Date:** _____