

VACATION/FAMILY SICK DONATION

Instructions: Please complete this form and send it to the Human Resources Department, (Attn: Libby Craven). Thank you for helping a fellow employee.

Employee Name: _____ Department: _____ Division _____
(Print)

Please refer to policy Ch. 14, IV, for details and limitations of policy.

I, _____, voluntarily donate _____ day(s) (minimum of 8 hours increments) of my vacation to _____, who has a non-work-related serious injury/illness or an immediate family member who has a serious injury/illness or event resulting in death.

I understand that I...

1. am freely donating this leave and give up all rights to the use of this leave in time off or in money.
2. am able to donate up to a max of 80 hours of Vacation leave per calendar year. I must keep a minimum of 80 hours in Vacation accrual.
3. am able to donate up to a max of 40 hours of Family Sick leave per calendar year.

Employee Signature

Date

- I am on a 40-hour per week schedule. (Donation of 1 day = 8 hours)
- I am on a 56-hour per week schedule. (Donation of 1 day = 8 hours)

Employees retiring from the City with excess Family Sick and/or Vacation Leave can opt to donate unused leave prior to retirement to the Donated Leave Bank.