

REQUEST TO DONATE VACATION

From time to time, a co-worker may have a personal or family crisis (verified through FMLA certification) requiring more time away from work than they have paid benefits for. Upon full exhaustion of this employee's vacation and sick time, the City will accommodate donated vacation time from other employees. Donated time will be exercised on a first come first serve basis (the first donations received will be exercised first).

If you wish to donate vacation, please complete the following:

I, _____, am willing to donate
(Print Name)

_____ hours of my unused vacation to the following individual: _____.

I authorize that these hours can be deducted from my vacation account.

Employee Signature: _____ Date: _____

Human Resources Director: _____ Date: _____
(Signature)

cc: Finance Department