

Donation of Vacation
Leave Form

MEMORANDUM

TO: John Connet, City Manager

FROM: _____
Employee

City Department

RE: Donation of Sick Leave

I hereby donate _____ hours/days of my accumulated vacation leave to

Employee: _____ Employee No.: _____

I further acknowledge that this time will be deducted from my accumulated vacation leave as needed.

Signed: _____ Date: _____
Employee

Approved: _____ Date: _____
Department Head

Approved: _____ Date: _____
City Manager

Cc: Finance Department (payroll), Human Resources