



## 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:

<b>Name</b>		<b>Department</b>	
<b>Hire Date</b>		<b>Supervisor</b>	

### TYPE OF LEAVE:

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

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 bank 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 receiving employee's leave.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_