



LEAVE DONATION APPLICATION

Employee Name: _____

Department: _____

Date Sick Leave Started: _____

Reason For Sick Leave: _____

Number of Sick Days Needed: _____

Leave Donation Program Requirements:

A doctor's statement must be attached explaining the nature of the illness or injury and the anticipated date the employee may return to work.

Employees applying for leave donations must have exhausted all sick leave, vacation leave and compensation time and have gone five (5) work days or forty (40) hours without pay.

Employee Signature or Family Member Signature if Employee is Incapacitated

Date Requested

Approval Process:

The Department Head reviews the request and makes a recommendation to approve or not approve a leave donation request. The Human Resources Director will determine if the request meets the requirements for a personal emergency. The City Administrator has final approval.

	Approved	Disapproved	Reason if Disapproved	Initials	Date
Department Head					
Human Resources Director					
City Administrator					