CITY OF DALTON, GEORGIA

Vacation Time / Sick Time Donation Form

Subject to the approval of my immediate supervisor and department head, I desire and authorize the donation of _____ hours of my accrued annual vacation / sick (circle one) leave to the employee listed below. I hereby waive any claim to the donated accrued leave. I understand that if this donation is approved, the donated time will be immediately and permanently deducted from my accrued annual leave and that it will not be reinstated. This donation is being made voluntarily by me with full knowledge of its consequences.

EMPLOYEE RECEIVING DONATION OF TIME:

NAME:_____ EMP. #_____

DATES DONATED LEAVE USED OR TO BE USED: _____

EMPLOYEE SIGNATURE_____ DATE:_____

EMPLOYEE DONATING TIME:

NAME:_____ EMP. #_____

NUMBER OF HOURS TO BE DONATED:_____

REASON FOR DONATION:_____

_____

EMPLOYEE SIGNATURE:_____ DATE:_____

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Donating Employee Approvals

* Note: The employee receiving the donated time must not have more than a total of 10 (sick and vacation combined) working days available in their accounts in order to receive donated time

SUPERVISOR APPROVAL:_____ DATE:_____

DEPARTMENT HEAD APPROVAL:_____ DATE:_____

HUMAN RESOURCES APPROVAL: _____ DATE:_____

Revised July 2004