

# 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: \_\_\_\_\_

=====

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 and that time donated may only be used for illness, injury, etc. of the employee and/or dependent child(ren) living in the same household as the employee. Child(ren must be claimed as a dependent on federal/state tax filings. Attach appropriate page from tax form to this request prior to submission for approval.

SUPERVISOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

HUMAN RESOURCES APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_