

Reviewed by: _____

	VACATION LEAVE APPLICATION & DONATION FORM	
Sweet Home Oregon, at its best!	Name:	
	Requesting Leave Donating Leave to:	
	Effective Date of Leave:	Date of Return to Work:
	Number of Hours Donated (if applicable, max. 40)	
of eligible co-worke cases deemed as h	ers. All full-time regular employees are	s with additional leave through the donation eligible to request or donate vacation time in ee. An employee may receive a donation
received sa	e employee and has been employed wit tisfactory performance evaluations; and	
 Meets the eligibility requirements for the Family Medical Leave Act (FMLA) or the Oregon Family Leave Act (OFLA); and 		
 May not be receiving any type of retirement disability, short-term disability, or long-term 		
Has exhausHas submitt	surance or other supplemental income; sted all accrued sick leave, compensato ted a request for donated leave to their eason and anticipated amount of lost wo	ry time, floating and vacation leave; and Department Head or designee
The Donating Empl	·	
Department May donate	ete and submit to the City Manager or of Head approval, indicating the desire to up to a maximum of 40 hours of vacation 40 hours vacation leave.	
	•	acation Leave Donation will be binding. ated, the donator's hourly wage, and the
Employee's Signature		Date
Department Head's Signature		Date
City Manager's Approval		Date
FINANCE/PAYROL		
Vacation Accrual Ba	Accrual Balance: Balance after donation:	