

**TRANSFER OF ACCRUED VACATION AND HOLIDAY HOURS  
TO ANOTHER EMPLOYEE**

In making this donation of accrued leave time, I acknowledge that I have read and fully accept all terms and conditions of Policy 3.526, Leave Donation. I understand that this transfer of leave hours is irrevocable. Should the person receiving this donation not use all transferred time for the serious medical related event, any balance will be prorated to the nearest hour and returned to donor. I also understand that I may only transfer vacation and holidays and that this is only up to a maximum of 24 hours per year.

I have read and understand the above conditions, and I freely and without restraint elect to transfer \_\_\_\_\_ hours of accrued \_\_\_\_\_ time to \_\_\_\_\_.

Donating employee's name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I wish for my donation to remain anonymous

Department/Division Head: \_\_\_\_\_

City Administrator: \_\_\_\_\_

Date: \_\_\_\_\_