

**SECTION A** - (To be completed by employee donating time)

**LEAVE DONATION REQUEST FORM**

I, \_\_\_\_\_, having read and understood the City of Cloquet's Leave Donation Policy and subject to the terms and conditions set forth therein, hereby voluntarily request and authorize the Finance Director to transfer my accrued leave time as follows:

**Number of Hours:** \_\_\_\_\_  Sick Leave  Personal Leave  Vacation Leave  
(Maximum 40 hours per calendar year to an individual employee per condition/event)

to \_\_\_\_\_ of the \_\_\_\_\_ Department. I understand and agree that, upon transfer of this donated leave time, I waive any right or claim to these hours for personal use.

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City Administrator:**

Employee has 160 hr. leave remaining after donation:  Yes  No

Donation Approved  Donation Denied

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION B** - (To be completed by employee receiving time)

**AUTHORIZATION TO RECEIVE DONATION OF LEAVE TIME**

I, \_\_\_\_\_, having read and understood the City of Cloquet's Leave Donation Policy and subject to the terms and conditions set forth therein, am hereby willing to accept hours surrendered by my co-workers. I understand that the City Administrator will make the final determination of approval or denial to partake in this program. Furthermore, I realize that these payments are to be considered wages and therefore taxable income to me.

I have attached the following for City review:  Certification from attending physician  Other information

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City Administrator:**  Donation Approved  Donation Denied

Employee has received less than 360 hrs. of donated time:  Yes  No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_