

Appendix Number 45

REQUEST FOR DONATION OF LEAVE TIME FORM

Name _____

By signing below, I authorize the HR/Payroll Clerk to send an email on my behalf to City employees notifying them of my request for a donation of leave time. I understand that the email shall not contain any personal information and may result in City employees inquiring of the HR/Payroll Clerk about the basis for the leave when donating leave time.

Signature

Date

Notes:

Product Name

Product Description

Date

Product Name: [Faint text]
Product Description: [Faint text]
Date: [Faint text]