

Appendix Number 45

**REQUEST FOR DONATION OF LEAVE TIME FORM**

Name \_\_\_\_\_

By signing below, I authorize the HR Director 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 Director about the basis for the leave when donating leave time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notes:

REV 04-13.1

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