

City of Deltona Leave Donation Form

I, _____, wish to donate _____ hours of Sick Leave
to _____.

I understand that this leave donation becomes the “property” of the employee donated to for the duration of the illness/injury or until exhausted. Should the requirement of the donation cease to exist, leaving an unused portion, that portion will be returned to the donor’s Sick leave accrual account.

Printed Name: _____

Position Title/ Dept. _____

Employee ID #: _____

Employee Signature: _____

Date: _____

Department Head Approval:

Approved Denied

Department Head Signature/ Date

City Manager

Approved Denied

City Manager Signature/Date

To be completed by Human Resources Department
<ul style="list-style-type: none">• Forwarded To Finance Dept: _____• Approved hours to be donated: _____ Initials: _____ <p><input type="checkbox"/> Approved by HR Director _____</p> <p style="text-align: center;">HR Director Date</p>