CITY OF FOND DU LAC EMPLOYEE SICK LEAVE/VACATION/FLOATING HOLIDAY DONATION AGREEMENT
(To be completed by Donating Employee)

The donation of sick leave/vacation/floating holiday is strictly voluntary. The identity of the donating employee will be kept confidential unless they choose to have their name released.

Date:_____

I, _____, wish to donate .

_____ hours of sick leave to the catastrophic leave bank

_____ hours of vacation to the catastrophic leave bank

_____ hours of floating holiday to the catastrophic leave bank

I wish to designate my time to:
☐ General Bank
☐ Specific recipient _____ I understand if the recipient does not use all of the hours, that the remaining hours will go to the General Bank.

I (do) (do not) (choose one) agree that my name may be given to the employee receiving this donation.

I understand that I must retain sufficient hours for my personal use. The donation of sick leave, vacation or floating holiday is on an hourly basis, without regard to the dollar value of the donated or used leave. Employees cannot borrow against future sick leave, vacation or floating holiday hours. Employees who are currently on an approved leave of absence cannot donate sick leave, vacation or floating holiday hours. I am donating this leave of my own free will and understand that sick leave, vacation or floating holiday hours deducted from my leave balance will not be returned.

_____ _____
Donating Employee's Signature Date

1._____ _____
HR Manager Date

2._____ _____
HR Director Date

RETURN THE COMPLETED ORIGINAL FORM TO:
HR Manager
City of Fond du Lac Human Resources
160 S Macy Street
Fond du Lac, WI 54936-0150
(920)322-3624