

**CITY OF PETERSBURG
LEAVE SHARE PROGRAM**

DONOR FORM

I wish to donate the number of hours of annual leave or compensatory leave that I have indicated below. I understand that my personal leave balances will be reviewed so as to ensure that I have 48 hours of annual leave and 80 hours of sick leave still remaining in my account once this leave is donated. I further understand that my donated leave will be forfeited, unless my leave slip has not yet been processed.

DATE: _____

DONOR'S NAME: _____

DEPARTMENT NUMBER: _____ **EMPLOYEE NUMBER:** _____

DEPARTMENT: _____

DIVISION: _____

ANNUAL LEAVE HOURS DONATED: _____

COMPENSATORY LEAVE HOURS DONATED: _____

RECIPIENT'S NAME AND DEPARTMENT: _____

Donor's Signature

Date

Human Resources Signature

Date Received

THE LEAVE HOURS NOTED ABOVE MUST BE DEDUCTED FROM THE DONOR'S BALANCE. PLEASE NOTE THE DEDUCTION IN THE DATA SECTION OF THE NEXT PAYROLL.