

**APPLICATION FOR DONATION OF LEAVE**

Please deduct from my accrued \_\_\_\_\_ leave \_\_\_\_\_ hours. I wish to donate the hours to \_\_\_\_\_, who has currently exhausted all his/her accrued leave. By my signature appearing below, I expressly acknowledge and clearly understand that the City of Coral Gables has no obligation whatsoever to pay me, and that I will not be paid by the City for the time I am donating to the employee identified above. I also acknowledge and represent to the City that my donation of accrued leave is made to the employee identified above for use in compensating that employee and that my donation is made of my free will, as my voluntary act, and that I was under no duress or coercion to make such a donation.

**NAME OF EMPLOYEE (Print)**

\_\_\_\_\_

**EMPLOYEE NUMBER** \_\_\_\_\_

**SIGNATURE OF EMPLOYEE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT/DIVISION NAME AND NUMBER** \_\_\_\_\_

**APPROVED BY:**

**Human Resources Director**