

LEAVE DONATION REQUEST DONATOR

City of Mandan

Form MMC 04-07-04(8) April 2014 Donator

Employee Name (Last, First, Middle Initial) Donator	
Department	Reference Personnel Policy: 04-07-04 (8) for policy details.
<p>I understand as a city employee I may donate my leave to other city employees as follows:</p> <ol style="list-style-type: none">1. Annual Leave: A city employee may donate annual leave to another city employee who is suffering from or has a relative or household member suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to take leave without pay or terminate employment.2. Sick leave: A city employee may donate to a fellow city employee who is suffering from and extraordinary or severe illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to take leave without pay or terminate employment. <p>Leave donations I wish to donate: <input type="checkbox"/> Annual Leave Estimated Number of Hours _____</p> <p><input type="checkbox"/> Sick Leave Estimated Number of Hours _____</p>	
Leave Donation Designee:	
Employee Signature Donator	Date

City Administrator Review

<input type="checkbox"/> Request is approved. Administrator Signature _____ Date _____	
<input type="checkbox"/> Request is denied for the following reason(s): Administrators Signature _____ Date _____	