

EXHIBIT 13



Leave Donation Form – Donating Employee

Donating Employee Name: _____

Phone Number: _____ **Today's Date:** _____

Receiving Employee Name: _____

Reason for donation: _____

Enter number of whole hours you would like to donate. Minimum is 1 hour; maximum is 40 hours or no more than 50% of your balance.

Sick: _____

Vacation: _____

Personal: _____

Acknowledgement:

I have read and understand the Leave Donation policy in the City of Indianola Employee Handbook. I understand that I am voluntarily donating my leave time and waive my entitlement to the donated leave time. I understand that once the transfer of donation has been made the leave time cannot be returned to me.

Signature

Date

Please return this form to Human Resources.

For Human Resources Use Only

Eligible to donate based on policy: Yes No

Amount of hours approved for donation: _____