



Leave Donation Form – Receiving Employee

Receiving Employee Name: _____

Phone Number: _____ Today's Date: _____

Reason for donation: _____

Acknowledgement:

I have read and understand the Leave Donation policy in the City of Indianola Employee Handbook. I acknowledge that I am eligible for a leave donation as outlined in the policy. I approve the leave donation to be added to my leave account.

Signature

Date

Please return this form to Human Resources.

For Human Resources Use Only

Eligible based on policy: Yes No

Has exhausted all paid leave options: Yes No

Amount of hours approved for donation: _____

To be paid out on paycheck: _____