

CITY OF SAVANNAH

FMLA LEAVE DONATION FORM

(To be completed by employee donating leave and forwarded to Payroll)

Information on Donating Employee

I wish to donate _____ **hours of my accrued leave, as indicated below**

_____ **Annual** _____ **Incentive/extra** _____ **Holiday** _____ **Compensatory (non-exempt only)**

Employee Name: _____ Employee Number: _____

Social Security Number: _____ Department Number: _____

Work Phone Number: _____

Signature of Donating Employee

Date

Information on Employee Receiving Donation

Employee Name: _____

Employee Department: _____

THIS SECTION FOR PAYROLL USE ONLY

Leave charged to donating employee _____

Payroll Date

Leave form returned to donating employee _____ Insufficient Leave Balance.

Date

Leave form returned to donating employee _____ Leave Donation not needed.

Date