



CITY OF PITTSBURG

DONATION OF TIME CREDITS CATASTROPHIC LEAVE PROGRAM

Donor Name: _____

Department: _____

Name of employee to whom you are donating leave:

Please indicate below the type of time you are donating and the number of hours you are giving: (Minimum donation of eight hours of either vacation or sick leave is required.)

Vacation: Number of hours: _____

Sick Leave: Number of hours: _____

I wish this donation to be kept confidential.

I am voluntarily donating the indicated accrued time to the above named recipient. I understand that once I have given this time to the receiving employee that I will not, under any circumstances, be permitted to receive this time back. My signature below constitutes my authorization to deduct the above time from my records and credit them to the employee identified above.

Signed: _____ Date: _____

PLEASE RETURN TO PAYROLL DEPARTMENT

DO NOT WRITE IN THIS SECTION

PAYROLL VERIFICATION:

OF HOURS ACCRUED: _____ # OF HOURS DONATED: _____ BALANCE: _____