CITY OF ST. AUGUSTINE

DONATION OF PAYABLE SICK LEAVE/VACATION LEAVE TO ANOTHER EMPLOYEE

I would like to donate _____ hours of payable sick leave (4-hour minimum).

I would like to donate _____ hours of vacation leave (4-hour minimum).

These hours are to be credited to: _____

Name of employee (please print)

_____ _____

Signature of donating employee Date

_____

Print donating employee's name