**Leave Donation Authorization Form**

Employee Name:

I have read and understand the Leave Donation policy as described in the Personnel Policy and I am donating \_\_\_\_\_\_\_\_ hours of paid time off to the City of Chubbuck Medical Emergency Leave Bank.

The minimum number of paid time off hours that an eligible employee may donate is 4 hours per calendar year; the maximum is 80 hours per calendar year with an additional limit of no more than 50 percent of the employee's current paid time off balance.

I understand this leave will be provided to any employee who is approved to receive paid time off from the Medical Emergency Leave Bank. I also understand that this leave donation is strictly voluntary and irrevocable.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_