

**CITY OF POMONA**

**INDIVIDUAL DONATION FORM**

Instructions: Please print in ink or complete on line.

Donor Name:

Employee Number:

Department/Division:

Work Telephone Number:

I wish to donate the following:

Enter number of hours under selected category

hours of sick leave

hours of vacation

hours of compensatory time off

hours of executive leave

**Name of the Recipient:**

I understand that my donation must be a minimum of eight (8) hours and that my total accrued time balance may not be reduced below 300 hours after the donation. I am donating these hours freely and have not been forced or coerced. I also understand that the donated hours will not be deducted from my balances until transferred to the eligible employee.

\_\_\_\_\_  
Donor's Signature



\_\_\_\_\_  
Date

**Payroll:** This document may be used as authorization to change recipient employee's job status from leave with pay to leave without pay when necessary.