CITY OF DULUTH VACATION DONATIONS
DONOR FORM

Date: _____

Donor Name: _____
(Please Print) LAST FIRST MIDDLE INITIAL

Donor Department/Division: _____

Name of person to receive donation (if applicable):_____

Number of vacation days you wish to donate: _____

I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate my vacation hours. I understand that I have no right under any circumstances to have any of the donated hours restored to my accrued leave balance once I have signed this form, unless it is returned to me because the maximum amount of donations has already been received.

_____ _____
Donor's Signature Date

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PAYROLL USE ONLY: ☐ Donation Accepted
☐ Donation Refused: ___ Insufficient leave available
___ Maximum donation reached