CITY OF DULUTH VACATION DONATIONS
RECIPIENT APPLICATION REQUEST

Name: _____ Date: _____

1. Have you exhausted all vacation leave, personal leave, compensatory time off, and sick leave (if applicable)? ☐ Yes ☐ No ☐ Pending

   If yes or pending, indicate date leave was/will be exhausted: _____

2. What is the estimated number of hours/days you will need? (This number may be adjusted depending on circumstances) _____

3. What is the expected duration of leave? From _____ to _____

4. Briefly state reason(s) you need leave hours: _____

   _____

   _____

   _____

   If this hardship is due to a medical situation, attach physician verification

5. Do you have a preference regarding who is asked for leave donations? Check appropriate box below:

   ☐ My work group only ☐ My department only ☐ All City employees

6. Do you wish to remain anonymous when donations are requested? (If you answer yes, only your supervisor, Human Resources representative, and Payroll will have knowledge of who is receiving the donations)

   ☐ Yes ☐ No

_____ _____
Recipient Signature Date

☐ I have confirmed the above information and approve this request.

☐ Employee is not eligible to receive vacation donations because _____

_____

_____ _____
Manager, Human Resources Date

_____ _____
Supervisor Date