

City of Houston

DONATION OF ACCUMULATED LEAVE

I, _____, voluntarily agree to donate my accumulated vacation time as follows. This time is to be credited to

_____ in the _____ Department in the amount of _____ hours.

Time may be donated only in (4) hour increments, not to exceed half my balance at the time of donation.

This is an irrevocable donation. I understand that this donation will not count against my accumulating future leave, for performance evaluation purposes or for any reason.

Date:	Employee Signature:	Department/Division:	Social Security #:
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TO BE COMPLETED BY YOUR HUMAN RESOURCES OFFICE						
Donating Employee:			Receiving Employee:			
Social Security #:			Social Security #:			
Total Hours Donated	Hourly Rate	Total Value	Hourly Rate	Total Hours	Last Day Worked	Last Day Paid
Verified By:			Effective Date of Donated Hours:			

(A printout of the ESMT and QLBL for both employees must accompany this form.)

FOR BENEFITS USE ONLY	
Signature of Human Resources Benefits Representative:	Date: