

**EMPLOYEE REQUEST FOR CONSIDERATION OF VACATION DONATION**

Human Resources Director  
City Hall  
De Pere, WI 54115

Dear Human Resources Director:

RE: Eligibility for Donated Vacation Leave

I have provided certified FMLA documents confirming either my serious health condition or that of a family member. Given the hardship that this has placed on me, I am requesting consideration for my co-workers to donate unused vacation time. I further authorize the Human Resources Department to post this request in my work area to inform my co-workers of this request. If my co-workers wish to donate this time and wish to assign their vacation to me, in writing, then they need to utilize the form ***REQUEST TO DONATE VACATION***, and indicate the amount of vacation time they are transferring. Up to a maximum of 60 work days will be accepted from all donations, and no more than 40 hours may be donated by any one employee.

I certify that I anticipate I will exhaust all available paid time off and understand that I will not credited any donated time until all paid time off has been exhausted. I also certify that I am not receiving any other City-paid benefits during this period of time and am not eligible for other voluntary or other disability benefits during this time (except health and dental benefits, while on FMLA, if applicable). I understand that the willful violation of any of the provisions or the willful making of any false report regarding illness, sick leave or benefits shall subject me to disciplinary action, up to and including employment termination.

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

Human Resources Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

cc: Finance Department  
Employee's Supervisor