



# CITY OF RICHMOND SHARED LEAVE DONATION FORM



Please complete Sections I and II

## Section I.

I, \_\_\_\_\_ volunteer to donate \_\_\_\_\_ hours of my vacation leave to  
(Last name) (First Name) (M)

\_\_\_\_\_, pursuant to the Shared Leave program.  
(Last name) (First Name)

Employee ID Number # \_\_\_\_\_ Department: \_\_\_\_\_

## Section II.

I hereby certify that I am donating the specified vacations hours on a voluntary basis to the employee identified on this form. I further certify that this donation does not cause my accumulated vacation leave balance to be less than 80 hours. I understand and agree to the terms of the Shared Leave Program and realize that once I donate the hours specified on this application, I forfeit those hours from my vacation leave balance.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Forward the completed Donation Form to  
your Department Payroll Coordinator

## Section III.

### (Department Payroll Review)

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
(Month/Day/Year) (Print Name)

As of: \_\_\_\_\_ the donor has a balance of \_\_\_\_\_ vacation hours.  
(Month/Day/Year) (Number of Hours)

**Certification:** I certify the information on this form has been verified and is accurate.

\_\_\_\_\_  
(Signature-Payroll Coordinator)

\_\_\_\_\_  
(Date)

Forward to Human Resources, c/o  
Shared Leave Program