

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 **four (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	Employee #:
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TO BE COMPLETED BY YOUR HUMAN RESOURCES OFFICE						
Donating Employee:			Receiving Employee:			
Employee #:			Employee #:			
Total Hours Donated	Hourly Rate	Total Value	Hourly Rate	Total Hours	Last Day Worked	Last Day Paid
Verified By:			Effective Date:			

FOR ARA PAYROLL USE ONLY	
Signature of ARA Payroll Representative:	Date: