



VACATION LEAVE DONATION

Request to transfer vacation leave benefits in response to co-workers' need due to approved Family Medical Leave (FMLA), Oregon Family Leave Act (OFLA) and/or Paid Leave Oregon (PLO).

Per City policy, the donating employee must retain a minimum of 40 hours vacation leave. In addition, donated vacation leave may be used by the receiving employee to provide FMLA, OFLA, and/or PLO that would otherwise be unpaid but may not extend the length of FMLA, OFLA, and/or PLO entitlement.

I hereby request and authorize my accrued vacation leave hours be deducted in the amount of

_____, **and be credited to** _____
(number of hours) (name of employee receiving vacation donation)

in the _____ **Department. I will retain at least 40 hours of vacation leave for my own use after the above hours are deducted from my total accrued vacation leave hours.**

Donating Employee's Name	Donating Employee's Signature	Date
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NOTE: In order to be calculated for the current pay period, this form must be completed, emailed to HR@klamathfalls.city, reviewed and signed by Human Resources for submission to the Finance Department's Payroll Accountant no later than 5:00 p.m. on the 19th day of the month.

For Office Use Only

Current Balance _____

Hours Subtracted _____

Hours Retained _____

Verified:

Human Resources	Date
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Initial/Date	Payroll Transaction Completed
Original:	(Initial, date & route to Human Resources)
Copy:	Donating employee's personnel file
	Receiving employee's personnel file