



City of Miami Springs LEAVE DONATION FORM

This form is to be completed by the employee who wishes to donate leave to an eligible employee. City employees may donate leave to an eligible employee who has exhausted his/her available leave for an extended absence because of conditions covered under the Family and Medical Leave Act (FMLA). Only vacation leave and comp time may be donated for extended absences related to pregnancy or maternity. Leave may only be donated in hourly units and shall be prorated based on the hourly salary of the donating employee. Leave donation requests will be processed from pay period to pay period in the order in which they are received. Please consult A.O. 4-18: Leave Donation Policy for specific rules and guidelines.

Donating Employee (<i>Print</i>)	Department
Receiving Employee (<i>Print</i>)	Department

Number of hours you wish to donate (maximum of 40 hours per year)

Type of leave: vacation leave comp time sick leave (not transferable for pregnancy/maternity)

Donating Employee (<i>Signature</i>)	Date
Department Director or designee (<i>Signature</i>)	City Manager or designee (<i>Signature</i>)

Section 2: To be completed by HR or Payroll staff

Received by:	Date and time received:
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Is the donating employee eligible?	Is the receiving employee eligible?
Type of leave being donated?	Type of FMLA leave the employee is taking?
Number of accrued hours in category?	Has all of recipient's leave been exhausted?
Number of hours previously donated YTD?	Number of hours previously received YTD?

A Hours Donated	B Donor Hourly Rate	C Donation Value (A * B)	D Recipient Hourly Rate	E Converted Hours (C / D)

Date processed in Payroll:	Processed by:
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PROCESSED ORIGINAL TO PAYROLL - COPIES TO HR DEPARTMENT FOR DONATING AND RECEIVING EMPLOYEE PERSONNEL FILES