

AFSCME LOCALS 1632 AND 2191
LEAVE DONATION PROGRAM – RECEIVER APPLICATION FORM

Attachment A

Pay Period Beginning _____ through Pay Period Ending _____ (to be completed by Division Payroll)

I. PERSON ASKING TO RECEIVE LEAVE (to be completed by employee requesting vacation leave donation)

Receiving Employee:

(Last Name) (First) (Middle Initial)

Department: _____

Division: _____ Section: _____

Bargaining Unit: Local 1632 Local 2191

II. MEDICAL INFORMATION (to be completed by the attending physician of the employee requesting vacation leave donation)

My patient has an illness or injury that is not related to their employment with the City of Columbus.

Prognosis: _____

[The prognosis must place the employee off work for a minimum of one (1) full pay period, which is equivalent to two (2) weeks.]

Date: _____
_____ Doctor signature

III CERTIFICATION (to be completed by employee requesting vacation leave donation)

I hereby certify that I have exhausted all accumulated paid leave and all disability leave benefits.

Date: _____
_____ Employee Signature

Department/Division Verification

Date: _____
_____ Department/Division HR Signature

Date: _____ Approved: Denied:
_____ Department of Human Resources Signature

AFSCME LOCALS 1632 AND 2191
LEAVE DONATION PROGRAM – DONOR APPLICATION FORM

Attachment B

Pay Period Beginning _____ through Pay Period Ending _____ (to be completed by Division Payroll)

I. DONOR INFORMATION (to be completed by employee donating vacation leave)

Donating Employee:

(Last Name) (First) (Middle Initial)

Department: _____

Division: _____ Section: _____

Bargaining Unit: Local 1632 Local 2191

Number of vacation hours donated: _____

[Must be in increments of four (4) hours.]

II. PERSON TO RECEIVE LEAVE (to be completed by employee donating vacation leave)

Receiving Employee:

(Last Name) (First) (Middle Initial)

Department: _____

Division: _____ Section: _____

Bargaining Unit: Local 1632 Local 2191

III. CERTIFICATION (to be completed by employee donating vacation leave)

I hereby certify that I have sufficient vacation leave available to me to donate and that this request is made voluntarily. I was not coerced, intimidated or financially induced to donate vacation leave. My signature verifies that I relinquish all rights to the vacation leave designated above and the benefits accruing to or attached to the same. I understand that the donation of vacation leave is irrevocable and irreversible, and that donated vacation leave will not be removed from my vacation leave bank until it is needed by the employee requesting the donation.

Date: _____

Signature of Donating Employee

Department/Division Verification

Date: _____

Department/Division HR Signature

AFSCME LOCALS 1632 AND 2191
LEAVE DONATION PROGRAM – NOTIFICATION FORM
Attachment C

EMPLOYEE APPROVED TO RECEIVE VACATION LEAVE

The Department of Human Resources has approved _____
to receive vacation leave donations from AFSCME bargaining unit members in the Division of
_____.

Date: _____