



## CITY OF EUGENE LEAVE DONATION - DONOR FORM

I would like to donate accrued leave hours to: \_\_\_\_\_ (enter 3 digit # referenced in request email)

I authorize the City of Eugene to deduct from my accrued **vacation and/or shift holiday** time balances the number of hours indicated below to be used by the recipient named above. I understand that:

1. I must have at least 96 hours of accrued leave (sick leave, vacation, shift holiday, and/or comp time) after the donated hours are removed (part-time employees must have 48 hours accrued leave after the donated hours are removed);
2. I may donate a maximum of 24 hours per donation request (33.6 hours for Fire Department employees working 56-hour work weeks);
3. My donation is a voluntary, irrevocable gift to the receiving employee;
4. Donations will be processed in order of the date received by the Employee Resource Center Employee Benefits Program; and if my donation is processed, I will be notified by the Benefits Program the pay period in which the adjustment to my appropriate leave balance will occur;
5. If my donation is not needed, it will not be processed.

<b>TO BE COMPLETED BY LEAVE DONOR</b>	
Donor Name:	Employee ID #:
Department/Division	Work Phone:
Total Donated <b>Vacation Hours</b> : _____	
Total Donated <b>Shift Holiday Hours</b> : _____	
<b>Total Hours</b> _____	
(not to exceed 24 hours per donation request; 33.6 hours for Fire Dept. 56 hr. shift employees)	
<b>Employee Signature:</b> _____	<b>Date:</b> _____

Send form to the Employee Resource Center Employee Benefits Program at 940 Willamette St. Suite 200  
Eugene OR 97401, [benefitsstaff@eugene-or.gov](mailto:benefitsstaff@eugene-or.gov), or fax to 541-650-3031.

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### TO BE COMPLETED BY EMPLOYEE BENEFITS PROGRAM STAFF:

Leave balance verified and meets requirement: Yes: \_\_\_\_\_ No: \_\_\_\_\_

ERC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to ERC Donor Personnel File

Revised: December 7, 2020