Accrued Time Off-Donor Program
NOTIFICATION OF INTENT TO DONATE TIME

(r. 10.07.16)

I, *(print name)* _____, hereby request to donate my accrued time off, as indicated below, in accordance with the Accrued Time-Off Donor Program established by the Milwaukee Code of Ordinances 350-45.

NUMBER OF HOURS DONATED:

Please choose a category and indicate how many WHOLE hours you wish to donate (i.e. Vacation: 4.0 hours)

VACATION: _____ TVA: _____ COMP TIME: _____ HOLIDAY OFF: _____
(sworn employees only)

The above hours are to be donated to:

_____
(Print employee's name)

This donation of time will be approved only if the named employee or an immediate family member is determined to qualify for the Accrued Time-Off Donor Program.

I understand that my donated time <u>will not</u> be returned to me once the donation has been approved.

_____ _____
Employee Signature Date

Employee ID: _____ Department: _____

The original of the completed form is to be sent to:

City of Milwaukee
Department of Employee Relations
<u>ATTN</u>: Human Resources Compliance Officer
200 East Wells Street, Room 706
Milwaukee, WI 53202

Employees will be notified of the status of their request by return mail to their home department, which will forward the notification to the donor employee and deduct approved donations from the employee's accrued leave balance(s) on the City's Time Owed and Allowed System. A copy of this form will also be provided to the Office of the Comptroller (Payroll Administration).

For the Department of Employee Relations use ONLY

Department of Employee Relations: Approved ☐ Denied ☐

_____
Human Resources Compliance Officer, Employee Relations ***Date***

☐ Comptroller & Payroll