



**CITY OF ALAMO
DONATION OF SICK LEAVE HOURS FORM**

DATE _____

I _____ HEREBY DONATE _____
Printed Name/Employee # # of hours

HOURS OF MY ACCRUED SICK LEAVE TO _____
Printed Name/Employee #

AS AUTHORIZED BY CITY COMMISSION MEETING OF JANUARY 16, 2001.

I UNDERSTAND THAT THE DONATION OF THESE HOURS WILL DECREASE MY OWN ACCUMULATED SICK LEAVE HOURS. I FURTHER UNDERSTAND THAT NOW OR IN THE FUTURE I CANNOT RECLAIM THESE HOURS. THIS FORM WILL CONSTITUTE MY AUTHORIZATION.

SIGNED BY: _____ DATE _____

WITNESSED BY: _____ DATE _____

COMPLETION BY PERSONNEL FOR AVAILABILITY OF HOURS ___ YES ___ NO

SIGNATURE _____ DATE _____

CITY MANAGER _____ DATE _____

cc Personnel file
Payroll file