

CITY OF HIBBING  
EMPLOYEE APPLICATION TO RECEIVE  
DONATED VACATION LEAVE

I, \_\_\_\_\_, hereby request authorization for the receipt and use of donated vacation leave due to the following illness/condition:

(Please note: Employees may be required to submit a physician verification of the illness/condition.)

If this request is approved, I understand that said vacation leave, if donated, can only be utilized after all of my accrued leave benefits (sick leave, vacation leave and compensatory time) have been exhausted. Additionally, I will only be allowed to use donated leave for actual time lost from normal work hours up to the maximum allowed, or until a disability benefit becomes an eligibility, whichever occurs first.