

CITY OF HIBBING

DONATED VACATION LEAVE

**AUTHORIZATION FOR DONATION OF VACATION LEAVE**

I, \_\_\_\_\_ hereby request and authorize the Human Resources Department of the City of Hibbing to transfer \_\_\_\_\_ hours of my accumulated vacation leave to \_\_\_\_\_ of the \_\_\_\_\_ department.

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

I hereby understand that by signing this authorization that I am making this donation voluntarily. I am donating the above vacation hours and understand that I am forfeiting all rights to that time. I understand that above vacation hours will not be refunded to me under any circumstances.

FOR HR USE ONLY:

Date Received: \_\_\_\_\_

Available Balance Verified: Vacation \_\_\_\_\_

City Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date Request Denied: \_\_\_\_\_

Reason for Denial: 

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Cc: Employee