

Catastrophic Leave
Pledge Form

Date: _____

To: Personnel Mail Stop: 09620

From: Name of Donor: _____

Organization: _____

Employee ID: _____

I hereby pledge a total of _____ hours (minimum of eight hours) to be subtracted from my usable balances as follows:

Vacation hours: _____

Holiday hours: _____

CTO hours: _____

Management leave: _____

To: Name of Recipient: _____

Organization No: _____

Employee ID: _____

I understand that once the hours have been credited to the recipient, the donation becomes irrevocable.

Donor Signature: _____ Date: _____

Approved by:
Personnel Services: _____ Date: _____

City Manager:
(If Needed) _____ Date: _____