



Please complete the information below, then forward the form via email to the HRMS office at HRMSTEAM@cityoftacoma.org

SECTION 1 – EMPLOYEE (DONOR) INFORMATION

Employee Name	Employee ID#	Department/Division
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SECTION 2 – LEAVE DONATION

- ✓ This action must not reduce your sick leave below 10 days (80 hours)
- ✓ Leave must be donated in 8 hour increments
- ✓ The minimum donation is 8 hours

TYPE OF LEAVE YOU WOULD LIKE TO DONATE	NUMBER OF HOURS
Sick Leave	_____ Hours
Frozen Sick Leave	_____ Hours
Personal Time Off	_____ Hours

*Hours donated will be applied in the order they were received, and as needed by the recipient.

Name of Recipient:

Section 3 – Employee Signature

Signature of Donor:	Date:
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Section 4 – FOR HRMS USE ONLY

- Approved and Reduced from Leave Balance:
- Denied
 - Donations Not Needed
 - Below Minimum Balance
 - Other:

HRMS Signature:	Date:
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Thank you for your generous donation.