



HUMAN RESOURCES DEPARTMENT

DONATIONS TO LEAVE BANK

Employee Name: _____ Date: _____

Department: _____

I wish to donate:

_____ hours from my **sick leave** balance

_____ hours from my **annual vacation leave** balance

_____ hours from **excess leave balance**

I understand that my accrued leave balance will be reduced immediately upon Human Resources receiving the form for donation.

Signature: _____ Date: _____

Return completed form to HR-Scan or email to departmenth@ci.missoula.mt.us

For HR use only: Entered into Spreadsheet: _____ Date: _____