



## HUMAN RESOURCES DEPARTMENT

### REQUEST FOR DONATED LEAVE

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

I am requesting donated leave after my accrued sick, vacation and compensatory hours are exhausted.

\_\_\_\_\_ hours requested (Estimate, if uncertain)

I understand that I may request more than one donation, and I understand I must first use my own accrued leave. My leave meets the requirements for donated leave.

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to HR-Scans or email to [department@ci.missoula.mt.us](mailto:department@ci.missoula.mt.us)

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#### For HR use only:

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

Verified eligibility: \_\_\_\_\_  
Date Initials

Date donated leave began: \_\_\_\_\_