



**TOWN OF DAVIE
DONATION OF LEAVE TIME FORM**

NAME: _____ EMPLOYEE ID: _____ DATE: _____

PERSON IN NEED OF DONATED TIME: _____
NAME

I would like to donate _____ # of days or _____ # of hours from my Sick Bank.

I would like to donate _____ # of days or _____ # of hours from my Vacation Bank.

*Please be aware you must maintain at least 40 hours of accrual time in either bank you wish to donate from.

Signature

Date

HR Approval

Date

For Office Use Only:

Total Hours donated after conversion: _____