

**CITY OF SALEM**  
**REQUEST TO RECEIVE MILITARY DONATED LEAVE**  
**PARTICIPANT WORKSHEET**

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Department

I request to be considered for use of donated military leave while on military leave for active duty. I am a career employee with the City and will be on leave without pay status. I am not eligible for any other salary continuation benefits such as outside employment (other than military) or retirement benefits.

My estimated monthly gross pay from the military is as follows: \_\_\_\_\_

I understand that I am required to provide a copy of the Leave and Earnings Statement provided by the military, to verify actual military pay. A copy may be faxed to Human Resource at (503) 588-6170 or sent to the attention of the Human Resources Director, 555 Liberty Street SE, Room 225, Salem, OR 97301.

I have been called to active military duty on \_\_\_\_\_ and expect to be released from active military duty on \_\_\_\_\_.

I understand that I may receive up to a maximum of eighteen (18) months of donated paid leave, providing there are sufficient donated hours in the leave bank.

I understand that when I am using donated leave I do not accrue personal holidays, vacation, or sick leave benefits nor do I earn pay for holidays. Donated leave funds are to make up the difference between the amount of gross pay I receive while on military active duty and my base rate of pay in my position with the City. I cannot receive more than I would have earned in base wages if I had not been on military leave.

I acknowledge having received a copy of the provisions of the Military Donated Leave Program and agree to its terms and conditions. I understand that if the policy should change while I am on leave that I will receive a copy of the new policy and agree to be bound by its provisions.

**Donated Funds Distribution**

\_\_\_\_\_ I authorize the City to direct deposit my funds under through direct deposit of my payroll check.

\_\_\_\_\_ I authorize the City to release my check to: (please print clearly)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date