

**CITY OF SALEM  
DONATION OF HOURS TO  
MILITARY DONATION LEAVE**

**AUTHORIZATION FORM**

I hereby authorize the Human Resources/Payroll Office to deduct from my accrued vacation, holiday and/or compensatory time (if applicable) the number of hours as indicated below to be used as military donated leave by an eligible employee. My donation is voluntary and has been made without coercion, compensation or for other consideration. I understand that my donation is irrevocable. The time that I donate may be contributed to a designated individual or to a pool, as identified in the Policy.

If donated to a specific person, I understand that any balance of donations remaining following the return to work of the specified person shall be transferred to the pool, in accordance with the Policy. I understand that I cannot revoke or request return of any hours to my own balance.

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Donated Hours: Vacation \_\_\_\_\_ Compensatory Time \_\_\_\_\_ Holiday Hours \_\_\_\_\_

*Note: Donated hours must be in whole hours, not part of an hour.*

\_\_\_\_\_ One Time Donation to Pool \_\_\_\_\_ Bi-weekly, continuous, Donation to Pool

\_\_\_\_\_ One Time Donation to: (name person) \_\_\_\_\_

\_\_\_\_\_ Bi-weekly, continuous, Donation to: (name person) \_\_\_\_\_

\_\_\_\_\_  
Donor Employee PRINTED Name      Employee Number      Social Security Number

\_\_\_\_\_  
Donor Employee SIGNATURE      Date      Department

***FORWARD COMPLETED FORM TO HUMAN RESOURCES***

\_\_\_\_\_  
Total hours donated: \_\_\_\_\_

\_\_\_\_\_  
Times Donor's Hourly Rate: \_\_\_\_\_

\_\_\_\_\_  
Value: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Signature of Processor: \_\_\_\_\_