CITY OF FAIRFIELD
DONATED LEAVE BANK
DONATION OF TIME FORM

Name: _____

Department: _____ Telephone Number: _____

Type of Leave Donated	**Number of Hours Donated**
Vacation Leave	_____
CTO	_____
Sick Leave	_____
Personal Leave	_____

My signature below constitutes my authorization to deduct the above hours from my leave balance(s) and credit them as identified above.

Donor's Signature: _____ Date: _____

Approved: ☐ Denied ☐ Reason for Denial: _____

_____ _____ _____
Human Resources Signature Print Name Date

HR Use Only						
Leave Balance as of:	Sick	Vacation	CTO	Personal	Other	Date of Hire:

Payroll Use Only	
Date Received: _____	Payday Processed: _____

Distribution: Payroll, Donating Employee, Donor's Department