



City of Palmer Personal Leave Donation Form

I, _____ (Print Name), hereby voluntarily donate _____
hours of my personal leave to _____ (Print Name),
who has encountered a long term medical condition and needs personal leave. I understand I
am under no obligation to donate such leave and I am not entitled to receive anything in return
for this donation. The said number of hours listed above will be subtracted from my personal
leave effective immediately.

Employee Signature and Date

Human Resources

Date and Time