

CITY OF NEW ORLEANS
ANNUAL/SICK LEAVE DONATION FORM
(Classified Service)

This form must be filled out completely and submitted to the Director of Personnel to allow for the donation of annual or sick leave with pay to a classified employee in accordance with Rule VIII, Section 2.1(g) of the Civil Service Rules. As per CAO Policy Memorandum NO. 91, a physician's statement including a diagnosis and prognosis must be attached.

Section 1: General Information

Donor Information:

Name*	Employee ID #*	Dept.*
Amount of Sick Leave Remaining*: <input style="width: 50px;" type="text"/>	As of: <input style="width: 50px;" type="text"/>	
Amount of Annual Leave Remaining*: <input style="width: 50px;" type="text"/>	As of: <input style="width: 50px;" type="text"/>	

Recipient Information (Classified Employee):

Name*	Employee ID #*	Dept.*
Amount of Sick Leave Remaining*: <input style="width: 50px;" type="text"/>	As of: <input style="width: 50px;" type="text"/>	
Amount of Annual Leave Remaining*: <input style="width: 50px;" type="text"/>	As of: <input style="width: 50px;" type="text"/>	
Consecutive Service Date (<i>recipient must have six months of service</i>)*: <input style="width: 50px;" type="text"/>		

Section 2 (To be completed by Donor):

I hereby agree to donate <input style="width: 50px;" type="text"/> of my accumulated sick leave and/or <input style="width: 50px;" type="text"/> of my accumulated annual leave to the employee listed as the recipient above. I certify that this donation is made without coercion, implied or otherwise, and is strictly voluntary. I am also aware that in making this donation I relinquish all future claims to the donated leave, regardless of the medical condition of either the recipient or myself.		
Donor's Signature*	Date*	

Section 3 (To be completed by Appointing Authorities):

I hereby approve the above donation of leave with pay:

Donor's Appointing Authority - Printed Name*	
Donor's Appointing Authority - Signature*	Date*
Recipient's Appointing Authority - Printed Name*	
Recipient's Appointing Authority - Signature*	Date*

Section 4 (To be completed by the Director of Personnel):

Director of Personnel Signature of Approval*	Date*