

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

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

Section 1: General Information

Donor Information:

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

Recipient Information (Unclassified Employee):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name*	Employee ID #*	Dept.*
Amount of Sick Leave Remaining*: <input type="text"/>	As of: <input type="text"/>	
Amount of Annual Leave Remaining*: <input type="text"/>	As of: <input type="text"/>	
Consecutive Service Date (<i>recipient must have (8) eight weeks of service</i>)* <input type="text"/>		

Section 2 (To be completed by Donor):

I hereby agree to donate of my accumulated sick leave and/or 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.

<input type="text"/>	<input type="text"/>
Donor's Signature*	Date*

Section 3 (To be completed by Appointing Authorities):

I hereby approve the above donation of leave with pay:

<input type="text"/>	
Donor's Appointing Authority - Printed Name*	
<input type="text"/>	<input type="text"/>
Donor's Appointing Authority - Signature*	Date*
<input type="text"/>	
Recipient's Appointing Authority - Printed Name*	
<input type="text"/>	<input type="text"/>
Recipient's Appointing Authority - Signature*	Date*

Section 4 (To be completed by the CAO):

<input type="text"/>	<input type="text"/>
Chief Administrative Officer Signature of Approval*	Date*