



**LEAVE DONATION QUALIFICATION FORM**

EMPLOYEE NAME:	CONTACT/WORK PHONE:
DEPARTMENT:	DIVISION:

*If you wish to receive personal leave donations from other CBJ employees, please read the applicable rules and respond with the information requested. Return this completed form to: [payroll.office@juneau.gov](mailto:payroll.office@juneau.gov)*

**11 PR 110. Donation of Leave.**

- (a) The City Manager may allow an employee to donate a maximum of 30 days or 50 percent of accrued personal leave, whichever is less, provided that the donation does not reduce the employee's total leave balance to less than 12 days.
- (b) The transfer of leave may only be made:
  - (1) To an employee who is on leave without pay and whose absence from work is due to:
    - (A) Authorized Family Medical Leave or Family Medical Leave qualifying event,
    - (B) The death of a member of the employee's immediate family, or
    - (C) The employee is on approved military or emergency service leave per 11 PR 100.
  - (2) To a member of the immediate family of a deceased employee.
- (c) Unused donated leave will be returned to the donor.
- (d) Leave donated to another employee may not be credited toward the donor's minimum leave use requirement.
- (e) Leave donated by an employee who is paid an hourly rate is given a cash value by multiplying the number of hours donated by the regular hourly rate of the donor. Leave donated by an employee who is paid a salary must be in full day increments which will be given a value as provided for in these rules.
  - (1) The cash value is given to the family of the deceased employee, or
  - (2) The cash value is divided by the regular hourly rate or the daily pay rate of the recipient and the recipient's medical leave bank is credited with that number of hours or days resulting from the calculation.

**Reason for Request:**

- Designated FMLA & entered in Kronos/WAM
- Military Leave (Per Personnel Rule 11PR 100)
- Other Reason per City Managers Office\*
- Not FMLA, but FMLA Qualifying event\*
- Death (Per Personnel Rule 11PR 050)

\*ADDITIONAL INFORMATION TO DETERMINE QUALIFICATION: \_\_\_\_\_

**Advertisement Options:**

- Applicant authorizes *full* City-wide advertisement and inter-department email with name, position, department & provided reason for request: \_\_\_\_\_
- Applicant authorizes *partial* City-wide advertisement and inter-department email without reason (only name, position and department published)
- Applicant authorizes *partial* City-wide advertisement and inter-department email without name or reason (only position and department published)
- Applicant does not want any notice posted and will notify potential donors themself.
- Other: \_\_\_\_\_

**I ATTEST THAT THE ABOVE INFORMATION IS TRUE & ACCURATE TO THE BEST OF MY BELIEF & UNDERSTANDING.**

SIGNATURE of Applicant or authorized designee: \_\_\_\_\_ DATE: \_\_\_\_\_

**PAYROLL REVIEW**

<input type="checkbox"/> Request is Approved	
Request is denied for the following reason(s): _____	
Payroll Signature	Date

**Email completed form to: [payroll.office@juneau.gov](mailto:payroll.office@juneau.gov)**