

# MIAMIBEACH

Human Resources Department

## LEAVE DONATION REQUEST FORM

Attention: \_\_\_\_\_, H.R. Specialist

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ID Number: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

I have applied for FML leave and have received notification that it has been approved.

( ) if any of my leave is without pay, I would like for my department to request leave donations from the following individuals. I understand that this only applies if the leave is for my own personal injury or illness.

Please send my leave donation request to:

- ( ) all city employees
- ( ) employees in my department only
- ( ) only the following employees (list specific names): \_\_\_\_\_

Forward this completed and signed form to the appropriate Human Resources Specialist in the Human Resources Department.

Last name	Compensation Specialist	Extension
A...F...	Shawntae Sanders	6071
G...N...	Diane Mcree	6694
O...Z...	Pablo Roman	6627