



MEMO

TO: _____
(Department Head)

FROM: _____
(Employee)

DATE: _____

RE: EMPLOYEE REQUEST FOR DONATIONS OF ACCRUED SICK/VACATION LEAVE

In accordance with Ordinance #1012 "Donations of Accrued Sick/ Vacation Leave Program", I request that you solicit donations of accrued sick/vacation time from:

- Employees of the _____ Department.
- Citywide Departments

I have been out on medical leave since _____ and my sick and vacation accruals will expire on _____.

At this time there is no way of knowing when I will be able to return to work.

Signature

Date