

Decatur Civil Township Request for Paid Time Donation

I have been notified that all accrued leave (Including, if applicable, sick, vacation, and personal time) has been or will be exhausted and would like to be considered for paid leave donation. I agree to accept the donation under the terms of the Decatur Civil Township paid leave donation policy.

Employee Name

Date

Employee Signature

Waiver: I hereby consent to the Decatur Civil Township informing Township employees, who wish to donate accrued paid leave on my behalf, of my need of donated paid leave. I understand that the nature of my extended leave due to illness or injury will not be disclosed.

Employee Signature

Date

REQUEST APPROVED BY:

REQUEST DENIED BY

Trustee

Trustee

Fire Chief

Fire Chief