

**City of Hendersonville
Donation of Vacation Leave**

To: Jennifer Harrell, Human Resources Director

RE: Donation of Vacation Leave

From: _____
Employee Name

I hereby donate _____ hours of my accumulated vacation leave to

Employee: _____ Employee Number: _____

I further acknowledge that this time will be deducted from my accumulated vacation leave as needed.

Signed: _____ Date: _____
Employee

Approved: _____ Date: _____
Department Head

Approved: _____ Date: _____
City Manager

cc: Finance Department (Payroll)