

**CITY OF SAN ANTONIO
DONOR ACKNOWLEDGEMENT FORM**

Acknowledgement Statement

I _____ hereby acknowledge donation of _____ hour(s) of _____ Leave under the Catastrophic Leave Donation program. This leave is to be donated to _____.

Employee's Signature:

Date:

Employee's Department:

SAP Employee ID No.:

DEPARTMENT USE ONLY

Date Received:

Reviewed By:

Leave Availability: Yes No

Comments (If necessary):

Instructions

Acknowledgement Statement

Donating employee should add full name, number of hours to be donated, and type of leave to be donated. Indicate the name of the employee receiving the donation.

Signature, Date; Department, and SAP Employee ID Number

Donating employee must sign and date acknowledgement form in order for donation to be valid. Donating employee will list his/her home department and SAP Employee Identification Number.

DEPARTMENT USE ONLY

Date Received

The date the departmental contact person received acknowledgement form.

Reviewed By

Name of departmental contact person, who reviewed employee's leave donation.

Leave Availability

Does donor have available leave to donate by the time the acknowledgement form is signed by donor?

Comments (If necessary)

Provide any additional information necessary for the completion of this donation.

HUMAN RESOURCES INFORMATION

Donor Acknowledgement Form must be submitted to the Human Resources Department. Any questions concerning the completion of this form should be directed to the Human Resources Generalist within the Department.