

**CITY OF EUGENE  
LEAVE DONATIONS - DONOR FORM  
FOR MAJOR DISASTER – COVID-19**



I would like to donate accrued leave hours to the Emergency Leave Donation Bank.

I authorize the City of Eugene to deduct from my accrued vacation, sick, shift holiday, PTO and/or Be Well Day balances the number of hours indicated below to be used by any eligible recipient.

I understand that:

1. I must have at least 160 hours of accrued leave (vacation, sick, shift holiday, PTO and/or Be Well Day) after the donated hours are removed (or equivalent to 4 weeks of available leave for employees not working a 40-hr week);
2. I may donate a maximum of one year's annual accrual for each leave bank during the emergency period defined in the Temporary COVID-19 Leave Donation Program Policy;
3. My donation is a voluntary, irrevocable gift to the Emergency Leave Donation Bank;
4. Donations will be deducted from my accruals in the pay period in which it is donated;
5. Any unused leave remaining in the Emergency Leave Donation Bank at the end of the emergency period defined in the Temporary COVID-19 Leave Donation Program Policy, will be returned to leave donors as outlined in the Policy.

<b>TO BE COMPLETED BY LEAVE DONOR</b>	
Donor Name:	Employee ID #:
Department/Division:	Work Phone:
(Not to exceed one year's annual accruals from each leave bank)	
Total Donated Vacation Hours:	_____
Total Donated Sick Leave Hours:	_____
Total Donated Shift Holiday Hours:	_____
Total Donated PTO Hours:	_____
Total Donated Be Well Day Hours:	_____
<b>Total:</b>	_____
<b>Employee Signature:</b>	<b>Date:</b>

Send form to the Employee Resource Center, 940 Willamette St., Suite 200, Eugene OR 97401  
Please email [BenefitsStaff@eugene-or.gov](mailto:BenefitsStaff@eugene-or.gov) if you have questions.

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**TO BE COMPLETED BY ERC STAFF:**

Leave balance verified and meets requirement: Yes: \_\_\_\_\_ No: \_\_\_\_\_

ERC Signature: \_\_\_\_\_ Date: \_\_\_\_\_