

**CITY OF NEW ORLEANS**  
**ANNUAL/SICK LEAVE DONATION FORM**

(Unclassified Service)

This form must be filled out completely and submitted to the Director of Personnel to allow for the donation to a unclassified employee of annual or sick leave with pay in accordance with Rule VIII, Section 2.1(g) of the Civil Service Rules. As per CAO Policy Memorandum No. 91, a physician's statement including a diagnosis and prognosis must be attached.

**SECTION I: GENERAL INFORMATION**

**DONOR INFORMATION**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dept: \_\_\_\_\_

Amount of Sick Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Amount of Annual Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

**RECIPIENT INFORMATION (unclassified employee)**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dept: \_\_\_\_\_

Amount of Sick Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Amount of Annual Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Consecutive Service Date \_\_\_\_\_ (recipient must have six (6) months of service)

**SECTION II: TO BE COMPLETED BY DONOR**

I hereby agree to donate \_\_\_\_\_ of my accumulated sick leave and/or \_\_\_\_\_ of my accumulated annual leave to the employee listed as the recipient above. I certify that this donation is made without coercion, implied or otherwise, and is strictly voluntary. I am also aware that in making this donation I relinquish all future claims to the donated leave, regardless of the medical condition of either the recipient or myself.

\_\_\_\_\_  
(donor's signature)

\_\_\_\_\_  
(date)

**SECTION III: TO BE COMPLETED BY APPOINTING AUTHORITIES**

I hereby approve the above donation of leave with pay:

\_\_\_\_\_  
(donor's appointing authority)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(recipient's appointing authority)

\_\_\_\_\_  
(date)

**SECTION IV: TO BE COMPLETED BY THE CHIEF ADMINISTRATIVE OFFICER**

\_\_\_\_\_  
(Approved, Chief Administrative Officer)

\_\_\_\_\_  
(date)

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**SECTION I: GENERAL INFORMATION**

**DONOR INFORMATION**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dept: \_\_\_\_\_

Amount of Sick Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Amount of Annual Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

**RECIPIENT INFORMATION (classified employee)**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dept: \_\_\_\_\_

Amount of Sick Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Amount of Annual Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Consecutive Service Date \_\_\_\_\_ (recipient must have six (6) months of service)

**SECTION II: TO BE COMPLETED BY DONOR**

I hereby agree to donate \_\_\_\_\_ of my accumulated sick leave and/or \_\_\_\_\_ of my accumulated annual leave to the employee listed as the recipient above. I certify that this donation is made without coercion, implied or otherwise, and is strictly voluntary. I am also aware that in making this donation I relinquish all future claims to the donated leave, regardless of the medical condition of either the recipient or myself.

\_\_\_\_\_  
(donor's signature)

\_\_\_\_\_  
(date)

**SECTION III: TO BE COMPLETED BY APPOINTING AUTHORITIES**

I hereby approve the above donation of leave with pay:

\_\_\_\_\_  
(donor's appointing authority)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(recipient's appointing authority)

\_\_\_\_\_  
(date)

**SECTION IV: TO BE COMPLETED BY THE DIRECTOR OF PERSONNEL**

\_\_\_\_\_  
(Approved, Director of Personnel)

\_\_\_\_\_  
(date)

RULES OF THE  
CIVIL SERVICE COMMISSION  
CITY OF NEW ORLEANS

RULE VIII

- 2.1 (g) Subject to the prior approval of the director of personnel, an appointing authority may allow an employee to donate sick leave with pay or annual leave to another employee subject to the following conditions:
1. the recipient must have been employed with the city for a period of not less than six (6) months.
  2. donated annual leave shall be converted to sick leave and added to the recipient's sick leave balance.
  3. the donor relinquishes all future claims to the donated leave, regardless of the medical condition of either the donor or recipient.
  4. the donation must be strictly voluntary, without coercion, implied or otherwise, and must be certified in writing by the donor in advance of the actual transfer of sick leave from the donor to the recipient.
  5. in cases where an employee is donating leave with pay to an employee in another organization unit, the approval of both appointing authorities is required.
  6. following approval, the appointing authority/authorities must submit all the necessary leave adjustment forms to the Finance Department with appropriate documentation.