City of Duluth, Minnesota
Voluntary Salary Savings
Vacation Donation

This form is to be used to request unpaid leave time and to donate vacation hours.

Name _____ Division _____ Department _____

	Date	Number of Hours
Date(s) of LWOP	_____	_____
	_____	_____

Vacation hours to donate _____

Address or phone number where you can be reached in case of emergency:

_____

Approved By _____ Date _____

Instructions:

LWOP

1. Fill out the above form and give to your supervisor.
2. When approved, enter the dates and the hours into your payroll scheduler or on to your time card. Use the LWOP pay code.
3. Under comments, indicate that this is for the Voluntary Salary Savings Initiative.
4. Send form to payroll.
5. When we process your time we will indicate that the time off is for the voluntary salary savings initiative in the field "reason" in the payroll system.

   This will differentiate it from any other type of Leave Without Pay.

Vacation Donation

1. Indicate the number of hours you want to donate on the form above.
2. Give to supervisor.
3. Supervisor, please forward to the payroll office.

Payroll Office

1. Donation Processed _____ Date _____
   initials