



LINCOLN

CITY OF LINCOLN
Natural Disaster Leave Donation Request Form

(To be completed by Requesting Employee)

_____, an employee in _____,
(Name - Please Print Legibly) (Department)

has requested vacation leave/Personal Convenience Holiday donations under The City of Lincoln's Natural Disaster Leave Donation Program and meets the conditions per the attached verifying documentation. The signature acknowledges that the requesting employee agrees to release, indemnify, and hold harmless, the City of Lincoln from any claim relating to the release of only their name to City Departments advising them that they are eligible for Natural Disaster Leave Donations.

Employee Signature Date

Oracle Person Number: _____

APPROVED: _____
Department Head Date

APPROVED: _____
Human Resources Date