

CITY OF HIALEAH



HUMAN RESOURCES DEPARTMENT  
Donation of Time Form

**TIME DONATED BY:**

_____	_____	XXX-XX-_____
Employee Name	Department/Division	S.S. Number

**TIME DONATED TO:**

_____	_____
Employee Name	Department/Division

**Type/Amount of Time Donated (i.e. vacation, sick, compensatory):**

_____	_____
Type of Time	Hours Donated
_____	_____
Type of Time	Hours Donated
_____	_____
Type of Time	Hours Donated
_____	_____
Donor's Signature	Date

**TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT**

Donor's hourly rate \_\_\_\_\_ x total amount of hours donated \_\_\_\_\_.

Total Amount (in dollars): \_\_\_\_\_

Total dollar amount \_\_\_\_\_ ÷ by Donee's hourly rate \_\_\_\_\_ =

Total Amount (in hours): \_\_\_\_\_

**APPROVED/DISAPPROVED:** \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_ Date