

City of Cleveland – Division of Emergency Medical Service  
General Order 1.29 Voluntary Sick Leave Contribution  
Voluntary Sick Leave Contribution Form

Contributing Employee

Name: \_\_\_\_\_ Classification: \_\_\_\_\_  
Department: **Public Safety** Division: **Emergency Medical Service**

Receiving Employee

Name: \_\_\_\_\_ Classification: \_\_\_\_\_  
Department: **Public Safety** Division: **Emergency Medical Service**

Contribution Information

I wish to contribute \_\_\_\_\_ hours from my accumulated sick leave balance  
to \_\_\_\_\_

I understand that this time will be permanently deducted from my accumulated sick  
leave balance and assigned to the receiving employee's sick leave balance.

I understand that my accumulated sick leave balance must be equal to or more than  
120 hours in order for this transaction to be processed. Once this transaction is  
processed, my remaining accumulated sick leave balance will be \_\_\_\_\_

Contributing Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Payroll Signature \_\_\_\_\_ Date \_\_\_\_\_

Commissioner - Division of EMS \_\_\_\_\_ Date \_\_\_\_\_

Director (or designee) Department of Human Resources \_\_\_\_\_ Date \_\_\_\_\_