



Voluntary Shared Leave Donation Form

Instructions: Please complete the information below and submit to the Human Resources Department.

Donor Information:

Employee Name _____

Employee Department _____

Annual Leave Balance _____ Sick Leave Balance _____ As of Date _____

NUMBER OF ANNUAL LEAVE HOURS TO BE DONATED _____

(Donations must be in four (4) hour increments)

(You must have a balance of eighty (80) hours of combined leave after donation)

If the Employee requesting Shared Leave has approved release of his/her name and condition, you may designate the employee to receive the leave if not you are donating Annual Leave to an anonymous beneficiary.

Employee to Receive Shared Leave

Employee Name _____

Department Name _____

I meet all policy requirements for being a Shared Leave Donor and would like to donate the stated hours of Annual Leave to the employee listed above. I understand that the leave I donate will be transferred effective the beginning of the 1st pay period after receipt of this authorization form. I understand that once this donated Annual Leave is transferred to an eligible County employee, it will not be returned to me under any circumstances and I give up any and all rights of ownership.

Employee Signature

Date

Please submit this completed form through your supervisor to the department payroll coordinator. They will forward to Human Resources on your behalf. Thank you.

HR Use Only:	
Date received _____	Entered by _____
Hours transferred _____	Effective date for transfer of Annual Leave _____