



Voluntary Shared Leave Donation Form

Any employee who wishes to donate a specified number of hours from their vacation leave to an employee requesting shared leave must complete and submit the following form to his or her Supervisor who shall forward it to the Human Resources Department.

Any employee donating leave may elect to donate a minimum of 4 hours of their vacation leave up to any amount that would not drop his or her total accrued vacation leave balance below 80 hours. A donating employee, however, may not donate more leave than he or she could earn in a year. Once this amount of leave is donated and transferred to the receiving employee, any leave not used may be returned to all donating employees on a pro-rata basis.

Donor Name: _____

Department: _____ **Title:** _____

Vacation Leave Balance: _____ **As of Date:** _____

Number of Leave Hours Donated (Must be in 4 hour increments): _____

If the employee requesting shared leave has approved the release of his/her name and condition, or the name and condition of his or her affected family member, you may designate the employee below. If the employee has **not** approved the release of his or her name, you are donating to an anonymous beneficiary.

Employee to Receive Shared Leave: _____
Last First Middle

Department Name: _____

Employee Statement:

I, as an employee of Harnett County, would like to donate the specified amount of hours above to the employee listed above, or to the anonymous employee, who so needs my leave. I meet all the above specified shared leave donation requirements and understand those requirements, restrictions, and limitations placed on me by the Harnett County Personnel Ordinance. I give up any right of ownership to the leave I am donating, but understand that repayment of my leave is not guaranteed. Even if my donated leave is not used, I may only receive a portion of my leave back. I further understand that the leave I donate will be transferred to the employee in need beginning on the 1st pay period after receipt of this authorization form.

By signing below I acknowledge that all the information contained on this form is a true and correct representation of my intention to donate my vacation leave to assist a fellow County employee.

Employee Signature Date

Supervisor Signature Date

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