



## 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 1<sup>st</sup> 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 and Date

\_\_\_\_\_  
Supervisor Signature and 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 \_\_\_\_\_