

# LEAVE DONATION

Please submit the completed form to the Personnel Administrator.

As per provisions of County Policy for Leave Donation, an employee may transfer earned personal leave to the personal leave account of another employee who: 1) has exhausted all accrued personal leave; 2) is not eligible to received leave (or additional leave) from the personal leave bank; 3) requires additional personal leave because of a medical or physical condition that incapacitates the employee or an immediate family member for whom the employee will provide care.

**RECEIVING EMPLOYEE NAME:** \_\_\_\_\_ **ID #** \_\_\_\_\_

I verify that I meet the provisions of Leave Donation and understand that any unused, transferred days will revert back to the donor(s) at the end of my medical absence. I understand that the Personnel Administrator may require documentation of eligibility for this program. I further understand that I must use the donated leave days for the purpose for which they have been donated.

**RECEIVING EMPLOYEE'S SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Number of Personal Leave Days to Be Transferred: Sick - \_\_\_\_\_ Without Cause- \_\_\_\_\_

**DONOR EMPLOYEE NAME:** \_\_\_\_\_ **ID #** \_\_\_\_\_

My personal leave donation is voluntary. I understand that each donated day shall be credited to the receiving employee as one full personal leave day and shall be used only for the absence for which I donated my personal leave. I further understand that any unused, transferred days will revert back to the donor, or in the case of multiple donors, returned in the reverse order of receipt.

**DONOR EMPLOYEE'S SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## To Be Completed by Central Office

Donor Employee's Total Earned Days of Sick Leave \_\_\_\_\_

Donor Employee's Total Earned Days of "Without Cause" Personal Leave \_\_\_\_\_

Receiving Employee's Total Accrued Days of Sick Leave \_\_\_\_\_

Receiving Employee's Total Accrued Days of "Without Cause" Personal Leave \_\_\_\_\_

Date of Receiving Employee's Catastrophic Illness \_\_\_\_\_

If so, has the employee made application for an award of leave days? \_\_\_\_\_

Number of Days Transferred to Receiving Employee \_\_\_\_\_

The use of these days will begin when the receiving employee has exhausted all accrued personal leave.

\_\_\_\_\_  
Personnel Administrator

\_\_\_\_\_  
Date