

GRANT COUNTY
VOLUNTARY LEAVE DONATION FORM
(Complete and submit to Finance Director)

I wish to donate the following hours of vacation and/or discretionary time to _____ *(name of recipient)* as permitted by the Grant County Voluntary Leave Donation Policy.

I understand:

- 1) The recipient must exhaust all of his/her available leave (sick, vacation, discretionary and compensatory time) before using these donated hours, and
- 2) These hours will be forfeited and will not be returned to me if recipient's unpaid leave does not require the use of any or all of the donated hours.

I wish to donate the following hours and have the approval of my department head to do so:

_____ Vacation Hours

_____ Discretionary Time

Name of employee donating hours: _____

Signature: _____

Date: _____

The Finance Department will notify the recipient and Departmental Payroll Designee of the number of hours donated only. Names of the donor(s) will not be disclosed.

Finance Department Use:

_____ *Removed from donor's vacation/discretionary accruals*

_____ *Recipient notified*

_____ *Department Payroll Designee notified*