

**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) I understand that these hours will be pulled from my balance if/when recipient needs them. I understand that I will lose any vacation hours remaining in my balance if not used by my anniversary date as per policy. The same for discretionary hours if not used by the end of the year as per policy.

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 to reconcile time and to notify donor that the time was used*