



DOUGLAS COUNTY BOARD OF COMMISSIONERS

PERSONNEL/HUMAN RESOURCES DEPARTMENT

LEAVE DONATION FORM

Employee (to receive donated leave) Name _____

Employee Number _____

Department Name _____

Department Number _____

Employee (to donate leave) Name _____

Employee Number _____

Department Name _____

Department Number _____

Number of Vacation Hours to be Donated : _____

(Forty Hours Maximum)

Donating Employee's Signature _____

Date _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Donating Employee's Accrued Vacation Hours: _____

Donating Employee's Rate of Pay: _____

Receiving Employee's Rate of Pay: _____

Director of Human Resource's Signature _____

Date Approved _____

Please note:

**ALL REQUESTS ARE SUBJECT TO APPROVAL;
APPLICATION OF REQUEST DOES NOT GUARANTEE APPROVAL.**

06/2012