

**CLINTON COUNTY
LEAVE DONATION PROGRAM**

Leave Donation Nomination Form

TO BE COMPLETED BY EMPLOYEE NOMINATING AN EMPLOYEE FOR LEAVE DONATION

I, (print name) _____, hereby nominate the following employee for the leave donation program.

- Employee Name: _____
- Department: _____

Employee Signature

Date

I understand that HR will contact this person, but that the nominated person has the right to not want to take part in the leave donation program. I also understand I may not know if the nominated person is eligible, and will not inquire about personal information or the status of this nomination due to its' sensitive nature.

Copy to be placed in nominator's ee file.