

CLINTON COUNTY LEAVE DONATION POLICY

Leave Waiver & Donation Authorization Form

TO BE COMPLETED BY EMPLOYEE DONATING SICK LEAVE:

I have read and understand Clinton County's "Leave Donation Policy", and subject to the terms and conditions set forth therein, I hereby voluntarily waive my entitlement to and voluntarily donate my leave balance. ****capped at 1/2 leave balance and no more than 40 total hours**

donate _____ hour(s) of my accrued vacation

donate _____ hour(s) of my accrued personal

donate _____ hour(s) of my accrued wellness

donate _____ hour(s) of my accrued compensatory

leave(s) on the condition that it is transferred to the employee I have identified below:

EMPLOYEE TO RECEIVE DONATION:

Print name: _____ Department: _____

I understand that, upon the processing of this form, my accrued leave will be reduced by the number of hours authorized above on the pay period needed by the recipient.

Donor's name (print): _____

Donor's name (signature): _____ Date: _____

TO BE COMPLETED BY DEPARTMENT HEAD OF RECIPIENT:

Received/Notified

Signature

Date

TO BE COMPLETED BY HUMAN RESOURCES:

Request Approved or Denied: _____

Signature

Date

TO BE COMPLETED BY PAYROLL:

_____ hour(s) of vacation deducted date _____

_____ hour(s) of personal deducted date _____

_____ hour(s) of wellness deducted date _____

_____ hour(s) of compensatory deducted date _____

Pay Period(s) Hours are to be Deducted: _____