



Please submit form to Durham County Human Resources

Request to Donate Leave Form Voluntary Donated Leave Program

Donor Information

| | |
|--|---|
| Name: | |
| Contact Number: | Email Address: |
| Employment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | Years of Service: |
| Current Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Balance: | *Total Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Hours Donated: |
| Transfer Leave: During Leave Donation Drive <input type="checkbox"/> At Separation <input type="checkbox"/> Expected Term Date: | |
| Department: | Director: |

* Minimum 1 hour, not exceed a maximum 40 hours in (1) year. All hours must be in whole hour increments.

When the Donated Leave Bank's balance is more than \$25,000, leave donations can be made specifically to an individual recipient. If you are donating leave to an individual recipient, please complete the section below:

Recipient Information

Name: _____
First Last

Department: _____

Donor Acknowledgement

I do hereby voluntarily authorize the hours of sick/vacation leave I have designated above to be donated to the Donated Leave Bank and/or an individual recipient. I further understand that I am responsible for obtaining authorization from my supervisor(s) and then forwarding this form to Human Resources for processing. I understand that this voluntary leave donation is irrevocable and irreversible.

Donor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Payroll Department Use Only

| | Sick | Vacation |
|---|------|----------|
| Donor's Leave Balance Prior to Donation | | |
| Total Hours Donated | | |
| Balance After Donation | | |

Rate _____

Converted _____

Bank _____

All information provided is considered confidential and is to be released only to authorized personnel.

Revised June 26, 2018