DURHAM COUNTY NC ... 1881 ...

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:		Years of Service:	Years of Service:	
Full-Time□ Part-Time				
Current Sick Vacation E	Balance:	*Total Sick □	Vacation	
Transfer Leave:		L		
During Leave Donation Drive \Box	At Separation [☐ Expected Term Date:		
Department:		Director:		
 * Minimum 1 hour, not exceed a ma	aximum 40 hours in (1)	year. All hours must be in who	le hour increments.	
When the Donated Leave Bank's ba If you are donating leave to an indiv			nade specifically to an individual recipient.	
Recipient Information				
Name:				
First Last				
Department:				
and/or an individual recipient. I furt	her understand that I a	ım responsible for obtaining au	e to be donated to the Donated Leave Bank thorization from my supervisor(s) and then y leave donation is irrevocable and	
Donor Signature:		Date:		
Supervisor Signature:		Date:		
Department Head Signature:		Date:		
	Payroll	Department Use Only		
	Sick	Vacation	Rate	
Donor's Leave Balance Prior to Donation			Converted	
Total Hours Donated				
Balance After Donation			Bank	

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