

DONATED LEAVE FORM
ROCKINGHAM COUNTY VOLUNTARY SHARED LEAVE PROGRAM

DATE: _____

TO: FINANCE OFFICER

I WISH TO DONATE _____ HOURS OF MY VACATION/SICK LEAVE
(Sick Leave may be donated only if the recipient is a family member of the donor)

To: _____
(Recipient must have been previously approved for participation in the Shared Leave Program)

Signature of Donor

Social Security Number

NOTE: The time you donate may not be deducted from your leave balance immediately if the recipient has a combined balance of 80 Vacation and Sick leave hours in their account. Refer to pages 25-27 in your Employee Personnel Policy Handbook.