

SHARED LEAVE DONATION FORM



Please complete this form if you wish to donate Vacation and/or Sick Leave to the Grand Forks County Shared Leave Program. The hours you donate will be awarded to a fellow employee who is experiencing their own medical emergency or a family member's medical emergency. The medical emergency must be serious, extreme or life threatening and experiencing a substantial loss of income.

Once completed, please return to the Human Resources Department, in person, via email: human.resources@gfcounty.org or fax: (701) 335-7521. All requests and donations are confidential.

EMPLOYEE INFORMATION

_____	_____	_____
First Name	Last Name	Last four digits of SSN
_____	_____	_____
Department	Email	Date

TERMS AND CONDITIONS

1. I understand that I can donate a maximum of **40** vacation hours 2 times per year.
2. I understand that I can donate a maximum of **20** sick leave hours 2 times per year.
3. I understand that I can donate a maximum of **40** hours of sick leave upon separation from the County
4. I understand that I must have **80** hours of VACATION LEAVE balance after the donation.
5. I understand that I must have **480** hours of SICK LEAVE balance after the donation.
6. I understand my contribution is voluntary and that Payroll will deduct my donated hours.
7. I understand that donations must be made in increments of whole hours.
8. I am donating these hours freely and have not been coerced, threatened or intimidated into doing so.
9. I understand that these donated hours will be used by another employee eligible for the Leave Share Program and my donation is not designated for a specific employee.
10. My donation is irreversible.
11. I understand that I may not claim an expense, charitable contribution, or loss of deduction under IRS Guidelines.

DONATION AND AUTHORIZATION DONATION

<input type="checkbox"/> I wish to donate _____ accrued Vacation Leave hours. (one hour increments)	<input type="checkbox"/> I wish to donate _____ accrued Sick Leave hours (one hour increments)
_____	_____
Donor Signature	Date

FOR HUMAN RESOURCES/PAYROLL USE ONLY

Date Received: _____ Received by: _____

Donor's VACATION LEAVE hours prior to donation: _____ Donor's SICK LEAVE hours prior to donation: _____

Approved Denied REASON: _____

Number of VACATION LEAVE hours transferred: _____ Number of SICK LEAVE hours transferred: _____