

I. DONOR INFORMATION and ACKNOWLEDGEMENT

Donor Name _____

Title _____ Dept. _____

I hereby acknowledge that I have read and understand Macon County's *Voluntary Shared Leave Policy*, dated November 2012, and wish to donate leave in accordance with the policy to the following approved recipient:

_____ **Hours of Vacation Leave.** Minimum donation must be 4 hours but then may be given in 1-hour increments (e.g., 5, 6, 7, etc.). Vacation leave cannot be reduced below 40 hours.

_____ **Hours of Sick Leave (*For Immediate Family Member Only*).** Minimum donation must be 4 hours but then may be given in 1-hour increments (e.g., 5, 6, 7, etc.). Sick leave cannot be reduced below 40 hours.

Donor Signature_____
Date**II. AUTHORIZATION and APPROVAL**

- ☐ Donor has sufficient leave balances to donate the leave time as stated above *and* retain the minimum 40-hour balance requirement.
- ☐ Donor does not have sufficient leave balances to donate the leave time as stated above *and* retain the minimum 40-hour balance requirement.

Additional Comments _____

Human Resources Director Signature_____
Date☐ Approved☐ Disapproved

Additional Comments _____

County Manager Signature_____
Date