

**Donation Form**

**Macon County**

**for Voluntary Shared Leave**

**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