



ONSLOW COUNTY HUMAN RESOURCES

REQUEST TO DONATE LEAVE

This section to be completed by employee donating leave.

Your Name: _____ Department: _____

Social Security Number: _____ Number of vacation hours to be donated: _____

Leave to be Donated to: _____

Employee Signature: _____ Date: _____

This section to be completed by HR personnel

Donor's leave balance as of _____
(Date) (Vacation) (Sick)

Field 82 Balance _____ Minus _____ hrs DonLv = **CHG FIELD 82 TO** _____

The number of hours deducted above are credited to the account of:

Name: _____ Employee Number: _____

Processed by: _____ Date: _____

Instructions for completing this form:

You may elect to donate **vacation** leave to another County employee provided you have 40 hours each of vacation and sick leave remaining after deducting donated leave amount .

All donated vacation leave will be converted into sick leave for the recipient.

This form should be submitted via the requestor's Department to Human Resources.