

---

---

## SHARE LEAVE DONATION

---

### County of Yadkin

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Requirements for Donating Shared Leave:

1. Must be a full-time (permanent) employee with Yadkin County.
2. Must be donating whole hour amounts (not 1/4 or 1/2 hour amounts).

Name of Employee you are donating time to:

---

I authorize the following ***whole hour amounts*** to be deducted from my current leave balance.

Deduction:      **hours of sick leave**      *Current sick leave balance:*

Deduction:      **hours of annual leave**      *Current annual leave balance:*

If applicable, reason for donating (*optional*):

---

Employee Signature

---

Date of Request

---

Department Head Signature

---

Date

---

County Manager Signature

---

Date

*Upon completion of this form please send to Yadkin County Human Resources as soon as possible to ensure timely processing.*

Processed HR: \_\_\_\_\_ Processed Payroll: \_\_\_\_\_