
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: _____