

**REQUEST TO DONATE LEAVE
COUNTY OF MONMOUTH**



Employee Statement

Name: _____ Employee No: _____ Date: _____

Department: _____ Title: _____ Telephone: _____

Name of employee to whom leave is being donated: _____

I am requesting leave to be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. I have enough accrued leave to cover the amount of leave donated and have the required remaining balance of 20 accrued sick days to donate sick leave and 12 accrued vacation days to donate vacation leave.

I understand that my decision to transfer leave is not revocable. If there is a balance of unused leave after the recipient's catastrophic health condition has terminated, I will have the prorated share returned to me. I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

I understand participation in this program is voluntary and the information furnished will be used to identify records properly associated with the transfer of the leave.

As of the end of the last pay period ending _____ I have **accrued** leave balances as follows:

Vacation leave (Days/hours): _____ Sick leave (Days/hours): _____

I authorize leave to be transferred as follows:

Vacation leave (Days/hours): _____ Sick leave (Days/hours): _____

MY SIGNATURE CERTIFIES THE INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT

Employee Signature: _____ Date: _____

Department Statement

Employee leave balances reviewed and verified. As of the end of the last pay period ending _____ the employee's **accrued** leave balances are as follows:

Vacation leave (Days/hours): _____ Sick leave (Days/hours): _____

Department Head review: Approved Denied
(If denied reason must be given): _____

Department Head Signature: _____ Date: _____

Human Resources Department Statement

Transfer approved

Transfer denied

Recipient is no longer active

Employee has already received the maximum number of donated days

Your current sick leave/ vacation leave balance does not show the required remaining balance

Other: _____

Human Resources Department Signature: _____ Date: _____