

# Annual Leave Donation Form



Cobb County... Expect the Best!

## Applicant

Applicant/ Recipient Employee's Legal Name: \_\_\_\_\_

Employee I.D. #: \_\_\_\_\_ Years/ Months of Service\*: \_\_\_\_\_ \*Minimum of one year required

Department: \_\_\_\_\_ Org #: \_\_\_\_\_

Doctor's statement reflecting nature of serious illness and expected duration attached?  Yes  No

*I understand that I must exhaust all other available leave prior to receiving any annual leave donated as a result of this application; and that such annual leave will be transferred, converted and added to my sick leave balance on an as-needed basis and within the limitations established by the annual leave donation program.*

Applicant/ Recipient Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This employee has used their prior leave responsibly therefore, I support the employee's request for leave donation.*

Department Manager/Elected Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*\*\*\*\* FOR HR DEPT USE ONLY \*\*\*\*\*

*Meets qualifications for donation.*  *Does not meet qualifications for donation.*

Human Resources Manager: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved until: \_\_\_\_\_

## Donor (Please do not complete until approved by HR above).

Donor Employee's Legal Name: \_\_\_\_\_

Donor Employee's I.D. #: \_\_\_\_\_ Is applicant in supervision chain?  Yes  No

Department: \_\_\_\_\_ Org #: \_\_\_\_\_

Leave hours to donate: \_\_\_\_\_ Annual Leave balance after donation: \_\_\_\_\_

*Minimum 8 hours; Maximum 240 hours*

*Minimum of 1 week*

*I request to donate the above annual leave hours to the above-name applicant/recipient employee to be used as sick leave. I donate these hours freely and without coercion or intimidation of any kind, and I understand that I cannot revoke this donation once the leave has been transferred to the recipient employee on a as needed basis in the order in which it was received. I will not, now or in the future, request or require repayment, monetary or otherwise, from the recipient employee.*

Donor Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This employee has used their prior leave responsibly therefore, I support the employee's request to donate their available leave.*

Department Manager/Elected Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*\*\*\*\* FOR HR DEPT USE ONLY \*\*\*\*\*

Date Received in Human Resources: \_\_\_\_\_ Current balance: AL \_\_\_\_\_ SL \_\_\_\_\_ Comp \_\_\_\_\_

Minimum leave verified and executed by: \_\_\_\_\_