



# Grand County's Application for Donation of Accrued Sick Leave Hours

**Employee Donating Time:**

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

Date: \_\_\_\_\_

Employee's current Sick Leave balance: \_\_\_\_\_

I am donating \_\_\_\_\_ hours of my current accrued Sick Leave balance to \_\_\_\_\_. As according to the Grand County Employee Policy and Procedures Manual (2014) I understand and agree to the following:

1. I can only donate accrued sick leave
2. I have to retain at least five (5) accrued sick leave days after the donation
3. I can only donate sick leave hours to an employee of Grand County who is currently eligible to accrue sick leave.
4. Sick leave hours cannot be refunded to me once the hours have been used.

By signing, I acknowledge to the guidelines of the Grand County Policy and Procedures Manual.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor by: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Director: \_\_\_\_\_ Date: \_\_\_\_\_

Approved       Denied

PAYROLL USE ONLY			
Starting Hours:		Approved By:	
Payroll End Date:	Hours Used:	Payroll End Date:	Hours Used:
		Total Hours Used:	
		Hours Returned:	