



GRAND COUNTY
Leave Bank Donation Request

Employee Name _____
Department _____

Note: By policy, employees who donate sick leave must retain at least five accrued sick leave days after the donation.

I hereby donate _____ hours to: _____
(a specific individual) and grant my authorization to have this amount deducted from my Sick Leave balance of _____. I UNDERSTAND THAT IF THESE HOURS ARE USED, THEY WILL NEVER BE RESTORED TO MY LEAVE BALANCE. I also certify that I am making this donation based on my own intent, free from any expectation or coercion.

Signature of Employee _____ Date of Donation _____

Approving Signatures

1 _____ 2 _____
Supervisor Department Head

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