



Douglas County, Nebraska

CONFIDENTIAL LEAVE DONATION FORM

DONATED LEAVE PROGRAM

DONOR EMPLOYEE INFORMATION

Employee Name: _____
Job Title: _____
Department: _____
Work Phone #: _____

DONATION INFORMATION

Hours of accrued vacation to be donated: _____
Name of Recipient Employee: _____

DONOR AUTHORIZATION

- I understand that my initial donation must be at least 8 hours and subsequent donations must be made in increments of 8 hours.
- I am donating these hours freely and have not been forced or coerced in anyway.
- I understand that these donated hours will be treated as leave hours for the above named employee.
- My donation, once processed and transferred, is irrevocable.
- The hours I donate will not be deducted from my vacation leave balance until transferred to an eligible employee. This transfer could be weeks in the future depending on the individual donated leave case or not happen at all in the case of a surplus of donations. Donations will be used in the order in which they are received.

Donor's Signature

Date

Elected Official/Department Head Signature

Date

Submit original signed and completed form to Human Resources, Room 505, Civic Center.

FOR HUMAN RESOURCES ONLY

Vacation Hours Balance: _____ Vacation Balance After Donation: _____

Is there a sufficient balance for requested donation? Yes No

HR Review by: _____ Date: _____