



**DOUGLAS COUNTY**

## Confidential Leave Donation Form DONATED LEAVE PROGRAM

Name (please type/print): \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee I.D. \_\_\_\_\_

Office/Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hours of accrued vacation to donate: \_\_\_\_\_

Name of Recipient Employee: \_\_\_\_\_

- I understand that my initial donation must be at least 8 hours and subsequent donations must be 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 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 used in the order received.

\_\_\_\_\_  
*Donor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Elected/Department Approver/Designee*

\_\_\_\_\_  
*Date*

Email to: [donated\\_leave@douglascounty-ne.gov](mailto:donated_leave@douglascounty-ne.gov)

**For HR Use:**

Vacation Hours Balance: \_\_\_\_\_ Vacation Balance After Donation: \_\_\_\_\_

Sufficient balance for requested donation?  Yes  No

\_\_\_\_\_  
*Human Resources Designee*

\_\_\_\_\_  
*Date*