BOLIVAR COUNTY COMMUNITY ACTION AGENCY

EMPLOYEE LEAVE DONATION REQUEST FORM

Reset Form

SECTION I – DONATING LEAVE TO ANOTHER EMPLOYEE

Employee Making the Leave Donation: _____

Employee Social Security Number: _____ CTR/LOC/ADMIN _____

Home Mailing Address: _____

LEAVE DONATED **Number of Days to be Donated** _____

The Number of Donated Leave Days Cannot Exceed 50% of the Donor's Leave Balance. The Donor must maintain a balance of seven (7) days of accrued sick leave in order to be eligible to donate.

SECTION II – CERTIFICATION BY EMPLOYEE MAKING LEAVE DONATION

I hereby confirm that in making this donation, my leave balance will be as defined above.

Signature: _____ **Date** _____

Certified By: _____ **Date** _____

Human Resource Director or Executive Director

SECTION III – RECEIVING DONATED LEAVE FROM ANOTHER EMPLOYEE

Employee Receiving Leave Donation: _____

Employee Social Security Number: _____

Home Mailing Address: _____

SECTION IV – CERTIFICATION BY EMPLOYEE RECEIVING LEAVE DONATION

I hereby affirm that I have supplied the Agency with the required medical documentation. I understand that I must comply with all requirements established by BCCAA.

Signature: _____ Date: _____

SECTION V – CERTIFICATION BY EXECUTIVE DIRECTOR

I hereby affirm that I have reviewed the appropriate medical documentation and leave records to establish that the employee has satisfied the necessary requirements.

Signature: _____ Date: _____

ATTACH COPY OF MEDICAL FORMS

Save Form

FILE: Original – Personnel File Copies: Payroll Department, Donor Employee File, Recipient Employee File