



**Douglas County, Nebraska  
CONFIDENTIAL LEAVE DONATION FORM  
DONATED LEAVE PROGRAM**

Donor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

I wish to donate \_\_\_\_\_ accrued vacation leave hours to the Donated Leave Program for:

Eligible Employee's Name: \_\_\_\_\_

**DONOR AGREEMENT**

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.

**APPROVALS**

\_\_\_\_\_  
Donor Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature \_\_\_\_\_  
Date

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

**TO BE COMPLETED BY HUMAN RESOURCES**

Employee Vacation Balance in Hours: \_\_\_\_\_

Employee Vacation **AFTER** Donation in Hours: \_\_\_\_\_

Is there a sufficient balance to make requested donation?  Yes  No

HR Review by: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted to Payroll: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date