

**GRAND FORKS COUNTY  
LEAVE DONATION FORM**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Number of hours being donated ( ) Annual ( ) Sick

I am donating this leave to:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

I authorize the above donation. This is a voluntary action on my part. I have not been coerced, threatened, intimidated or financially induced into donating annual or sick leave into the leave-sharing program. I understand that I cannot donate more than 5% of my accumulated sick or annual leave within a calendar year and I must retain a leave balance of at least 40 hours. I also agree to donate in full hour increments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR PERSONNEL USE ONLY:**

Number of Hours: \_\_\_\_\_ Sick Leave      \_\_\_\_\_ Annual Leave

Date transfers made: \_\_\_\_\_ Made by: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Department Manager

\_\_\_\_\_  
Date