SHARED LEAVE DONATION FORM

GRAND FORKS COUNTY
HEART OF THE RED RIVER VALLEY

Please complete this form if you wish to donate Vacation and/or Sick Leave to the Grand Forks County Shared Leave Program. The hours you donate will be awarded to a fellow employee who is experiencing their own medical emergency or a family member's medical emergency. The medical emergency must be serious, extreme or life threatening and experiencing a substantial loss of income.

Once completed, please return to the Human Resources Department, in person, via email: human.resources@gfcounty.org or fax: (701) 335-7521. All requests and donations are confidential.

EMPLOYEE INFORMATION

_____   _____   _____
First Name   Last Name   Last four digits of SSN

_____   _____   _____
Department   Email   Date

TERMS AND CONDITIONS

1. I understand that I can donate a maximum of 40 vacation hours per year.

2. I understand that I can donate a maximum of 20 sick leave hours per year.

3. I understand that I must have **80** hours of VACATION LEAVE balance after the donation.

4. I understand that I must have **480** hours of SICK LEAVE balance after the donation.

5. I understand my contribution is voluntary and that Payroll will deduct my donated hours.

6. I understand that donations must be made in increments of whole hours.

7. I am donating these hours freely and have not been coerced, threatened or intimidated into doing so.

8. I understand that these donated hours will be used by another employee eligible for the Leave Share Program and my donation is not designated for a specific employee.

9. My donation is irreversible.

10. I understand that I may not claim an expense, chartible contribution, or loss of deduction under IRG Guidelines.

DONATION AND AUTHORIZATION DONATION

☐ I wish to donate _____ accrued Vacation Leave hours.
(one hour increments)

☐ I wish to donate _____ accrued Sick Leave hours
(one hour increments)

_____
Donor Signature

_____
Date

FOR HUMAN RSOURCES/PAYROLL USE ONLY

Date Received: _____   Received by: _____

Donor's VACATION LEAVE hours prior to donation: _____   Donor's SICK LEAVE hours prior to donation:_____

☐ Approved   ☐ Denied   REASON: _____

Number of VACATION LEAVE hours transferred: _____   Number of SICK LEAVE hours transferred: _____