

**BEAUFORT COUNTY
REQUEST TO DONATE LEAVE**

I, _____, request to donate _____ (no. of hours/min) of
(PRINT NAME)
_____ Personal and/or _____ Sick* leave to the sick leave account of _____.

I have read and understand the Beaufort County Policy for Donation of Leave as described in the Personnel Policy Manual.

SIGNATURE OF DONOR

DATE

DEPARTMENT

DEPARTMENTAL LEAVE CLERK

*Sick leave may only be donated to an immediate family member.

.....PERSONNEL DEPARTMENT USE ONLY.....

_____ The above employee's leave account has been verified and meets the guidelines of the Beaufort County Personnel Policy for Donated Leave. Approved as requested: _____

_____ The above employee's leave account has been verified. The employee is eligible to donate leave, however, the amount has been modified to comply with the specifications of the Beaufort County Personnel Policy for Donated Leave. Revised and Approved: _____

_____ This request to donate leave has been denied for the following reason(s): _____

Request Denied: _____