

County of Cumberland
Board of Chosen Freeholders
Donated Leave Program

Leave Donation Form

Pursuant to Personnel Policy #2.23, Donated Leave Program, a leave recipient must receive at least five sick or vacation days or a combination thereof from a donor. A donor may only donate whole sick or vacation days and may not donate more than 10 days to any one recipient.

In order to qualify as a donor, you must have remaining at least 20 days of accrued sick leave if donating sick leave and at least 12 days of accrued vacation leave if donating vacation leave. Once the donation is made you may not revoke the leave donation.

Leave Recipient's Name: _____

Your Name: _____ SS#: _____

Number of sick days you want to donate: _____

Number of vacation days you want to donate: _____

Total number of days you want to donate: _____

I authorize Cumberland County to subtract the number of days approved for donation from my sick and/or vacation leave bank. I understand that any unused donated leave shall be returned on a prorated basis unless the balance is less than one day.

Employee's Signature: _____ Date: _____

For office use only:

Approved: _____ # sick days: _____ # vacation days: _____ total days: _____

Not approved: _____ Reviewed by: _____