

Granville County
VOLUNTARY SHARED LEAVE DONOR AUTHORIZATION FORM

_____ **(recipient)**, an employee of Granville County, has been approved for an FMLA leave of absence and is eligible to receive donated leave. If you wish to donate leave to this employee, complete the form below and return to the HR office *prior to the start of the payroll cycle in which the donated time is to be used.*

At the expiration of the approved shared leave period determined by HR, any unused donated leave in excess of 37.50 hours will be returned to the donor(s) on a pro-rated basis.

Donor's Name: _____ Last 4 of SSN: _____ Date: _____

Department: _____

Type of Leave Donated: Sick Leave Annual Leave Number of Hours _____

By signing this form, I am agreeing to donate eligible leave and am also acknowledging that I have not accepted compensation of any form from the named individual for donation of leave.

Donor Signature

Date

Department Head or Supervisor Signature

Date

Granville County HR Use Only

Number of hours approved: _____

HR Director Approval

Date

Payroll Use Only

Return to Work (Reconciliation of Leave)

Return to Work Date _____

Recipient's leave balance: Sick _____ Annual _____ (not to exceed combined total of 37.5 hours)

Amount of leave to be returned to donor _____