

MEDICAL LEAVE DONATION FORM

TO: Teller County Finance Department

FROM: _____

RE: Donated Medical/Bereavement/Emergency Leave

DATE: _____

I _____ hereby give _____ hours of my accumulated Medical/Bereavement/Emergency leave to _____ as per the Teller County Personnel Manual, Section IV (G). I understand that this amount cannot exceed 25% of my accumulated M/B/E leave time and swear that I have not donated any M/B/E leave time to any other employee in the last three months.

Please deduct the stated amount from my accumulated M/B/E leave time.

Thank you.

Signature _____ (Person donating time.)

Signature _____ (Person receiving time.)

Cc: One in each employee's personnel file