



## COUNTY OF MERCER DONATED LEAVE PROGRAM DONOR TRANSFER FORM

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

I wish to donate \_\_\_\_\_ vacation \_\_\_\_\_ sick days to:

\_\_\_\_\_ an employee of Mercer County.

I certify that this will not reduce my accrued vacation balance below twelve (12) days and my accrued sick balance below twenty (20) days. I have not solicited or accepted anything of value for the donation of leave time. I understand that I may not revoke any donated leave time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY PERSONNEL DEPARTMENT

\_\_\_\_\_ This is to advise you that your donation of leave time **HAS** been approved and was utilized during the period \_\_\_\_\_.

\_\_\_\_\_ This is to advise you that your donation of leave time **HAS NOT** been approved due to the following reason:

\_\_\_\_\_ The recipient has not received the minimum number (5) of donated days within the posting period.

\_\_\_\_\_ The recipient has already received the maximum number of donated days (180).

\_\_\_\_\_ Your current sick balance does not show the required minimum of 20 accrued days or your vacation balance does not show a minimum of 12 days.

\_\_\_\_\_ Other (explain): \_\_\_\_\_

\_\_\_\_\_  
Name/Please Print (Phone #)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department/Division

\_\_\_\_\_  
Date