

WASHOE COUNTY REQUEST TO TRANSFER ANNUAL LEAVE

Section One

DONOR: Please complete *section one only* and forward to **Payroll**. (please print)

Name _____

Department _____

Job Title _____ Hourly Rate _____

I request a transfer of annual leave from my account to the designated recipient as noted below:

Number of hours of ANNUAL LEAVE to be donated: _____

Leave to be transferred as follows:

RECIPIENT'S NAME _____

DEPARTMENT _____

To the best of my knowledge, I have sufficient leave balances to make this donation. I have not or will not exceed the **80-hour maximum** permissible leave donation in this calendar year. I understand that any donated leave cannot be returned to my individual account.

- Please do not release my name to recipient.
- You may release my name to recipient, if requested.

DONOR'S SIGNATURE _____ DATE _____