



Escambia County Board of County Commissioners
Annual Leave Donation
Donor's Certificate Of Transfer

Name: _____

Employee No: _____

Job Classification: _____

Department: _____

I hereby authorize BCC to transfer _____ hour(s) to the Annual Leave Donation program for _____ pursuant to the provision of the Board of County Commissioners'

Donating Employee Name

Annual Leave Donation Policy. Donated leave will be processed on a first come basis.

Employee Signature

Date

FOR FGRCTVO GPV USE ONLY

Annual Leave hours donated to: _____
Receiving Employee Name

Donating employee cannot donate more than 40 hours of annual leave per calendar year:

Hours donated this period: _____

Total hours donated this calendar year: _____

Department Record Keeper Signature

Date

Approved: _____

Department Head/Division Manager Signature

Date

*Note: Do not deduct from leave records until receipt of confirmation from Human Resources.

APPROVAL PROCESS
HUMAN RESOURCES USE ONLY

This is to acknowledge receipt and transfer of annual leave in the amount of _____ hour(s) to _____ in accordance with the Annual Leave Donation Policy.

Receiving Employee Name

Annual Leave Donation Coordinator

Date

Copy to:

HR (Benefits)

Payroll

Employee Donating Leave

Department of Employee Donating Leave

Department of Employee Receiving Donated Leave

Rev: 03/11