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

Receiving Employee Name

_____ _____
Employee Signature Date

FOR DEPARTMENT 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