



**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 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