



**Board of Cuyahoga County Commissioners  
Office of Human Resources**

**Employee Leave Donation Form**

I voluntarily donate the following hours to: \_\_\_\_\_  
*(Please Print Name of Recipient)*

\_\_\_\_\_ hours      SICK LEAVE

\_\_\_\_\_ hours      VACATION

I affirm that I will have at least 80 hours of sick time credit after these hours are deducted, excluding vacation leave. In addition, I understand that only the unused donated time will be returned to me in the event the above-named employee does not require all the hours donated.

\_\_\_\_\_  
**Leave Donor's Name** *(Please Print)*

\_\_\_\_\_  
**Donor's Social Security Number**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Donor's Signature**

\*\*\*\*\* **Payroll or Personnel Office** \*\*\*\*\*

_____ <i>Sick time balance as of (Date)</i>		_____ <i>Donor's hourly rate</i>
_____ <b>DATE AND TIME OF DONATION</b>		