

To: Finance Department/Payroll
Attention: Aurora Tambunga
Subject: Donate Leave for (employee name) _____

From: (employee donating leave) _____

Pursuant to the Otero County Personnel Policy (Ordinance Number 10-01 dated April 2010) Section IX Donating Annual or Sick Leave Para 9.5, I donate _____ Annual leave hours and/or _____ Sick leave hours to _____ I understand to be eligible to donate leave, I must have a minimum of 160 hours available.

Donating Employee's Signature

Date