

**Sampson County
Voluntary Shared Leave
Leave Transfer Authorization**

Employee to receive leave:

Department:

Employee sharing leave:

Department:

Number of annual leave hours:

Number of sick leave hours*:

I authorize the Sampson County Human Resource Department to transfer the time listed above to the named employee. I realize that participation in this policy is on a voluntary basis, and that I may not receive compensation in any form for the donation of leave. I further realize that any employee found guilty of giving or receiving compensation may be subject to dismissal.

Signature of employee

Date

(* Sick leave may only be transferred to an immediate family member as defined in the Voluntary Shared Leave Policy.

Human Resource Department Use Only	
Maximum annual leave that employee can earn in calendar year: _____	
Annual leave accumulated to date: _____	
Amount approved for transfer: _____	
Approved by: _____	Date: _____