

**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 Finance 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.

Finance 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: _____