

**WASHOE COUNTY
REQUEST TO TRANSFER ANNUAL LEAVE**



DONOR: Please complete form and forward to Comptroller/Payroll. (Please print legibly).

Name: _____

Department: _____ Employee #: _____

I request a transfer of annual leave from my account to the designated recipient as noted below:

Number of hours of ANNUAL LEAVE to be donated: _____

Leave to be transferred as follows:

RECIPIENT'S NAME: _____

DEPARTMENT: _____

To the best of my knowledge, I have sufficient leave balances to make this donation. I understand that any donated leave cannot be returned to my individual account. I also understand that all donations are confidential and that my name will not be released to the recipient, even if requested by the recipient.

DONOR'S SIGNATURE: _____ DATE: _____