

**Franklin County Court of Common Pleas – General Division  
 Leave Donation Program – Donor Form**

<b>DONATING EMPLOYEE NAME (Print) LAST</b>	<b>FIRST</b>	<b>MIDDLE INITIAL</b>	<b>DATE</b>

**NUMBER OF HOURS DONATED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TYPE(S) OF LEAVE DONATED**

- VACATION
- SICK LEAVE
- PERSONAL LEAVE
- COMPENSATORY TIME
- TOTAL HOURS DONATED (MUST EQUAL 8 OR MORE HRS)**

**PERSON TO RECEIVE LEAVE**

<b>EMPLOYEE NAME (Print) LAST</b>	<b>FIRST</b>	<b>MIDDLE INITIAL</b>

**CERTIFICATION**

**I HEREBY CERTIFY THAT THIS REQUEST IS MADE VOLUNTARILY. I WAS NOT COERCED, INTIMIDATED OR FINANCIALLY INDUCED INTO DONATING LEAVE. BY SIGNING I HEREBY RELINQUISH ALL RIGHTS TO THE LEAVE SHOWN ABOVE AND THE BENEFITS ACCRUING TO OR ATTACHED TO THE SAME. I UNDERSTAND THAT THE DONATION OF LEAVE IS IRREVOCABLE AND IRREVERSIBLE AND THAT NO LEAVE WILL BE REFUNDED TO ME. I CERTIFY THAT I WILL HAVE A REMAINING BALANCE OF 80 HOURS OR MORE OF SICK LEAVE AFTER MAKING THIS DONATION.**

**SIGNATURE OF DONATING EMPLOYEE** \_\_\_\_\_

**EQUIVALENT HOURS DONATED BY DONOR:** \_\_\_\_\_

Donor's Hourly Rate

Donee's Hourly Rate X # Hours Donated = Equivalent Hours to be Received by Donee

Examples:

\$16 (Donor's Hourly Rate)

\$12 (Donee's Hourly Rate) X 8 Hours Donated = 10 2/3 Hours (11 hours rounded upward) received by Donee

\$12 (Donor's Hourly Rate)

\$16 (Donee's Hourly Rate) X 8 Hours Donated = 6 Hours received by Donee