

BONNEVILLE COUNTY VACATION LEAVE TRANSFER REQUEST

I hereby authorize the transfer of _____ hours of my accrued vacation leave to the following employee: _____ In accordance with the provisions of Section 601.12 of the Bonneville County Personnel Policy.

Name of Transferring Employee: _____
(Please Print)

Signature: _____ Date: _____
(Transferring Employee)

Approved by: _____ Date: _____
(Transferring Employee's Appointing Authority)

Approved by: _____ Date: _____
(Receiving Employees Appointing Authority)

Note: Section 380 of the Bonneville County Personnel Policy allows an employee to donate a maximum of 40 hours of vacation leave in a 12 month period to employees due to a serious health condition or disability of their own or to care for a child, spouse or parent with a serious health condition as defined by the Family and Medical Leave Act and who is or will be on Family Medical Leave. Qualified employees may receive a maximum of 240 hours of donated leave in any 12 month period. Donated leave will be used in the order in which it is received after the receiving employee's other available leave has been exhausted. Any donated leave which is not needed will be returned to the donor(s).