

SECTION 4
MEDICAL LEAVE

4.05 Medical Leave Transfer(s)

In the case of a medical emergency, an employee (donor) may transfer his/her earned leave time to another employee (recipient) who has used all personal leave.

Steps to be followed:

1. An employee may apply for the needed medical leave hours through the Supervisor/Department Head by filing a written request explaining the need.
2. The Supervisor/Department Head will notify the Human Resources Office.
3. The Human Resources Office will notify county employees of the request.
4. Any employee wishing to donate hours of leave time must complete the "Transfer of Medical Leave Time Hours" form. This form requires the signatures of the donor, recipient, their supervisors and the Human Resources Director or a designee of the Board of County Commissioners.
5. The completed "Transfer of Medical Leave Time Hours" form will be forwarded to the payroll department by the Human Resources Office.
6. Only those hours actually used will be transferred.
7. If more than one employee donates hours to another employee, the hours will be taken in the order the transfer forms are received.

TO: Payroll Clerk

RE: Transfer of Medical Leave Time Hours
Personnel Policy Section 4.05

I, _____ hereby agree to transfer up to
(Donor)

_____ hours of medical leave to _____
(Recipient)

effective _____. This transfer is being done to provide
(Date)

medical leave time hours due to the fact that the recipient has no

remaining leave time. If this leave is not used this grant will be void on

_____.
(Date)

Donor Signature and Date

Recipient Signature and Date

Supervisor (Donor)
Signature and Date

Supervisor (Recipient)
Signature and Date

Human Resources Director

Date

For Payroll use only:

On _____, _____ hours were used by Recipient.

On _____, _____ hours were used by Recipient.

On _____, _____ hours were used by Recipient.

Original in Donor file.

Cc: Donor
Recipient
Personnel file