

TO: Finance Department / Payroll

ATTENTION: Aurora Tambunga

SUBJECT: Donated leave for _____
Employees name receiving leave

FROM: Employee Donating Leave (printed) _____

Pursuant to the Otero County Personnel Policy (Ordinance Number 17-07, dated October 19, 2017) Section IX, Donating Sick Leave 9.6, I donate:

_____ hours of **Annual Leave** and / or _____ hours of **Sick Leave**

to _____. I understand that to be eligible to donate leave I must have a minimum of 160 hours available.

Donating Employee's Signature

Date