

Cottonwood County Hardship Leave Donation Form

I, _____ (employee's printed name), wish to donate _____ hours (1 hour increments only) of my accrued vacation leave to fellow Cottonwood County employee, _____.

I further understand that by signing this form that the leave hours I give will be transferred to that persons' sick leave bank and is irrevocable.

Employee's Signature: _____

Date: _____

If you wish to remain anonymous, initial here: _____

Cottonwood County Payroll Clerk (department of person donated from):

CC: Employee's Personnel File

Internal Use Only: Payroll please date and initial when changes are made.