

**Montgomery County
Leave Share Donation Form**

I, _____ (Donating Employee's Name), employed by Montgomery County Government wish to donate _____ (number of days) or _____ (number of hours) of my accrued sick leave to _____ (Name of Employee to Whom Donating Leave).

I understand that:

1. I must have at least have accrued sick leave in excess of 40 hours in order to be eligible to donate leave.
2. I may elect to donate, in one hour increments, up to 40 hours of sick leave at one time.
3. I can donate more than one time to a single individual as long as it does not reduce my accrued sick leave to less than 40 hours.
4. Leave is used on a "first in, first out" basis when there are multiple donors.
5. Leave that is donated but not used will be credited back to my sick leave accruals.

I am donating this leave of my own free will and have not been unduly influenced in any manner to make this contribution.

Donor's Signature

Date

Witness

Date

Witness

Date