

# 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 601.12 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 with a serious illness or disability or who are caring for a member of their household with a serious illness or disability and have exhausted all of their own available paid 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).