



# Request To Transfer Annual Leave

Comptroller/Payroll

DONOR: Please complete form and forward to Payroll at payroll@washoecounty.gov. (Please print legibly.)

Name:

Department:

Employee #:

I request a transfer of annual leave from my account to the designated recipient as noted below:

Number of hours of VACATION LEAVE to be donated:

Number of hours of COMPENSATION LEAVE to be donated (if applicable):

Leave to be transferred as follows:

Recipient's Name:

Department:

To the best of my knowledge, I have sufficient leave balances to make this donation. I understand that any donated leave cannot be returned to my individual account. I also understand that all donations are confidential and that my name will not be released to the recipient, even if requested by the recipient.

Donor's Signature:

Date:

Latest Revision: 05/08/2024