

**SHARED LEAVE POOL**

**ENROLLMENT / TRANSFER FORM**

**TO: Alexander County Human Resource Department**

**FROM:** \_\_\_\_\_  
Donating employee name (Please type or print)

**DATE:** \_\_\_\_\_ **Employee Number** \_\_\_\_\_

**I hereby authorize the transfer of:**

\_\_\_\_\_ **hours of annual (vacation) leave**

**and/or**

\_\_\_\_\_ **hours of accumulated sick leave**

**to be transferred to the Alexander County Shared Leave Pool.**

I understand that hours donated are irrevocable and will result in a reduction of the hours available for transfer to the retirement system at the time of my retirement.

I understand that if I donate **more** than 4 hours, I must have a balance of two hundred forty (240) hours available to me after my donation to the Shared Leave Pool and that the maximum I am allowed to donate is ninety six (96) hours per year

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Signature of Donating Employee

Date

**Approved**

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Department Head Signature

Date