

A COUNTY OLDER THAN THE STATE



# ST. CLAIR COUNTY COMMISSION

165 5<sup>th</sup> Ave. Suite 100  
ASHVILLE, ALABAMA 35953

TELEPHONE (205) 594-2100  
FAX (205) 594-2110



## LEAVE DONATION FORM

I, \_\_\_\_\_ do hereby request and authorize the St. Clair  
(name)

County Commission to transfer \_\_\_\_\_ hours

**SICK LEAVE**

**ANNUAL LEAVE**  
(select one)

**COMPENSATORY TIME**

From my available leave hours to \_\_\_\_\_  
(name of recipient)

Due to the fact that he/she does not have leave time and the St. Clair County Commission has deemed this an Employee Sick Leave Emergency.

I understand that leave time CANNOT be returned after transfer has been approved by all parties listed below.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY:

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_