

## MEDICAL EMERGENCY LEAVE (MEL) AGREEMENT TO DONATE LEAVE TIME

CONFIDENTIAL

Must print in Black or Blue ink ONLY

<b>D O N O R</b>	<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>			
	<b>Position No.</b>	<b>Company</b>	<b>Department</b>			<b>Telephone</b>
	I wish to donate the following type and number of accrued leave hours to the employee (recipient) named below.					
	I understand, per fiscal year, my total donation of available leave hours may be donated only in eight (8) hour increments and may not exceed a total of 50% of my annual accrued vacation, administrative, annual, attorney or compensatory time.					
	I also understand, per fiscal year, I can donate four (4) hours of holiday time, which is 50% of my annual accrued holiday time.					
	Note: Safety Management/Supervisory Unit may donate 50% of <i>accrued</i> holiday time as specified in their applicable MOU.					
I understand that I am irrevocably forfeiting these hours, and when deducted from my balance, the leave hours shall be treated thereafter as time earned by the recipient at his/her regular rate of pay. A portion of these hours may be returned to me if the recipient returns to work with a MEL balance of more than 176 hours. Deduct the following hours from my accrued leave balance(s):						
	<b>Vacation</b>	<b>Holiday</b>	<b>Administrative</b>	<b>Annual</b>	<b>Attorney</b>	<b>Compensatory</b>

**Note:** Any changes/corrections to leave hours above must be initialed by the donating employee

<b>R E C I P I E N T</b>	<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>			
	<b>Company</b>		<b>Department</b>			

<b>Employee (Donor) Signature</b>	<b>Date</b>
-----------------------------------	-------------

### DEPARTMENT PAYROLL SPECIALIST VERIFICATION

I have verified that the above leave donation(s) conform to the requirements of the County's Medical Emergency Leave Policy. Enter the following FAS coding information for the donating employee.

<b>Base Hourly Rate</b>	<b>SAP Cost Center Number</b>	<b>Internal Order</b>	<b>G/L Account</b> 51001316
<b>Payroll Specialist Name (Print and Sign)</b>		<b>Telephone</b>	<b>Date</b>

### Office Use Only

DONOR						RECIPIENT
<b>AVC</b>	<b>AHL</b>	<b>AAD</b>	<b>AAN</b>	<b>AAL</b>	<b>ACT</b>	<b>AME</b>
(-)	(-)	(-)	(-)	(-)	(-)	(+)

<b>Reviewed By</b> <small>(Employee ID)</small>	<b>Date</b>	<b>Keyed By</b> <small>(Employee ID)</small>	<b>Date</b>
--	-------------	---	-------------