



# BLAINE COUNTY

## Human Resources

219 S 1<sup>st</sup> Ave, Suite 200  
Hailey ID, 83333  
Phone: (208) 578-3828  
Co.blaine.id.us

# Leave Donation Request

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Number of Hours Requested: \_\_\_\_\_

Reason for requesting donated sick time:

Is all of your other leave exhausted?

If not, please list how much you have accrued of each:

Sick Time: \_\_\_\_\_

Vacation Time: \_\_\_\_\_

Comp Time: \_\_\_\_\_

Holiday Comp Time: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Dept. Head/Elected Official: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_