

**To:** Finance Department/Payroll  
**Attention:** Aurora Tambunga  
**Subject:** Donate Leave for (employee name) \_\_\_\_\_

**From:** (employee donating leave) \_\_\_\_\_

Pursuant to the Otero County Personnel Policy (Ordinance Number 10-01 dated April 2010)  
Section IX Donating Annual or Sick Leave Para 9.5, I donate \_\_\_\_\_ Annual leave hours  
and/or \_\_\_\_\_ Sick leave hours to \_\_\_\_\_ I understand  
to be eligible to donate leave, I must have a minimum of 160 hours available.

\_\_\_\_\_  
Donating Employee's Signature

\_\_\_\_\_  
Date