



AFIN DONATION OF LEAVE

AFIN (A Friend in Need) is a program designed to help fellow employees in time of need. This program is completely voluntary. If you know of a co-worker in need of time off due to illness of self/family member, but who has no leave time available, you may donate some of your leave time to them. Please read this form carefully and completely before signing.

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that I have read this form carefully and completely. Furthermore, I understand the guidelines and purpose of the AFIN program, and release from any and all liability and hold harmless the Unified Personnel System, Pinellas County Government, and all of its officers and employees. This includes, but is not limited to, Employee Benefits and Finance/Payroll. In completing and signing this form, I acknowledge the following:

- This is a voluntary program - I have not accepted money or anything of value including a promise of something or given money in exchange for donated hours. (Willful violation/misuse will be subject to Personnel Rule XXIV, B. 10, 16, 19 and 44). I have not been coerced, threatened or pressured in any way to make this donation.
- I have completed and signed this form of my own free will.
- I release any claim to payment for time donated.
- Upon completion of the transfer of hours, I have maintained at least 80 hours of leave time in my own leave bank (not including Floating Holidays and Personal Day).
- I understand that, as the donor, I am not automatically entitled to receive a donation.
- All leave donated in excess of the employee's needs shall be returned to the donor(s).

DONOR OF LEAVE

Donor Name: _____ Emp #: _____

Recipient Name: _____

Donor's Appointing Authority/Department Name: _____

Donated Amount: _____ Annual Leave (In hour increments)
_____ Extended Illness (In hour increments at ½ face value)

Donor Signature: _____ Date: _____

Forward this Request to Employee Benefits for Processing

Personnel Program Administrator Approval: _____ Date: _____

Hours approved for PR _____ = _____ to be donated to Emp # _____