

**MONTGOMERY COUNTY GOVERNMENT  
Annual Leave Transfer Form**

**To be completed by employee, employee's spouse, and spouse's supervisor:**

Under Section 16-13 of the Personnel Regulations and Article 14.14 of the MCGEO Agreement, an employee who is married to another County employee may transfer annual leave to the employee's spouse to enable the spouse to use the leave to care for a child or children. The following conditions apply to the annual leave transfer:

- the employee or the employee's spouse must have legal responsibility for the care of the child or children;
- the spouse must use the leave to care for:
  - a child or children under the age of 13; or
  - an older child with a medically certified disability that makes the child incapable of self care;
- the employee's spouse must sign the form to indicate that he or she has agreed to accept the transferred leave;
- the spouse's supervisor must sign the form indicating that the employee's spouse is eligible to use the transferred leave under the terms of the Personnel Regulations or MCGEO Agreement; and;
- an employee may transfer leave to the employee's spouse only in increments of 40 hours.

Employee's name: \_\_\_\_\_ Dept: \_\_\_\_\_  
*(Please print)*

Division: \_\_\_\_\_ Work phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Dept: \_\_\_\_\_  
*(Please print)*

Division: \_\_\_\_\_ Work phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

I wish to donate \_\_\_\_\_ hours of annual leave to my spouse.

Signature of spouse donating leave: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to accept the annual leave donation from my spouse to care for a child or children for whom I or my spouse is legally responsible. I agree to use the leave in accordance with the terms described above.

Signature of spouse accepting leave: \_\_\_\_\_ Date: \_\_\_\_\_

I am the supervisor of the above employee who accepted the donated annual leave and I indicate by my signature on this form that the employee is eligible to use the donated leave under the terms stated above on this form.

Name of supervisor: \_\_\_\_\_  
*(Please print)*

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax or send this form (fax is preferred) to: Payroll Section, Attention: Annual Leave Donation, 101 Monroe Street, 8th Floor, Rockville, Maryland 20850. (Fax 240-777-8843 and phone 240-777-8840)**