Voluntary Time Bank Donation

Human Resources
2 South Green Street, Sonora, CA 95370
(209) 533-5566

CONFIDENTIAL

I understand that I may donate vacation leave in increments of **four (4)** hours (4, 8, 12 etc.) and that I cannot donate such leave if it would reduce my **total accrued leave balances to less than 168 hours.** I understand that I cannot donate any type of leave other than vacation leave. (***Donations of holiday leave are allowed for DSA only).***

I understand that this donation of **vacation** leave shall be used by Payroll on a first-come/first-served basis, meaning as donation forms are submitted, they are put in date order and the hours are used as needed. If the Time Bank recipient returns to work prior to exhausting donated hours, unused hours will not be deducted from the donating employee's accruals.

I have read and understand all of the above, and I freely and without restraint or reservation elect to donate _____ vacation hours and/or _____ holiday hours (DSA only) to the employee listed below.

I make this donation in the name of _____

Name of Donating Employee (Please Print): _____

Signature: _____ ID #: _____

PLEASE RETURN THIS FORM TO THE PAYROLL DEPARTMENT

The above donation has been properly certified and completed pursuant to the appropriate Memorandum of Understanding for this employee.

Payroll Representative: _____ Date: _____