

TO: COUNTY PERSONNEL DEPARTMENT
ATTENTION: Personnel - Time Bank Program



CONFIDENTIAL
**DONATION OF ACCRUED PAID LEAVE TO EMPLOYEE-CATASTROPHIC
ILLNESS/INJURY TIMEBANK**

I understand that this donation of leave hours is irrevocable and, should the person receiving the donation not use all donated time for the catastrophic illness/injury, any balance will remain with that person.

I understand that I may only donate the following types of accrued leave: vacation, administrative leave. (Sick leave and accrued compensatory time may not be donated.)

I understand that I may donate leave in increments of 4 hours or more and that I cannot donate leave which would reduce my total accrued leave balance (for vacation, compensatory time, administrative leave, sick leave) to less than 168 hours.

I have read and understand all of the above, and I freely and without restraint elect to donate _____ hours of _____ to a Time Bank established for the benefit of _____ Employee # _____.

Employee's Name (Print) _____ Employee # _____

Signature _____ Date _____

PLEASE INITIAL THIS BOX IF YOU ARE AT THE MAXIMUM ACCRUAL LEVEL OF VACATION, ANNUAL LEAVE, ADMINISTRATIVE LEAVE, OR ARE IN DANGER OF "LOSING" THESE HOURS, AND WOULD LIKE YOUR DONATION TO TAKE EFFECT THE SAME PAY PERIOD (DEADLINES PERMITTING) THAT PERSONNEL RECEIVES IT.