



# VOLUNTARY TIME-BANK DONATION FORM



TO: Voluntary Time-Bank Administrator, Human Resources Department, Mail Stop #1150

FROM: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

**EMPLOYEE AGREEMENT SECTION:** I, \_\_\_\_\_, request to donate the following hours to the Voluntary Time-Bank for \_\_\_\_\_ in \_\_\_\_\_.

<u>Vacation Leave</u>	<u>Holiday Leave</u>	<u>Annual Leave</u>
Hours donated	Hours donated	Hours donated

- I understand donation of leave hours is irreversible once the leave hours are transferred to the recipient. Should the Time Bank close prior to the donated hours being transferred from my leave balance, my donation form will be returned to me and no deduction to my balance will occur.
- I understand that any hours transferred to the recipient will remain with that person or will be converted to cash upon the recipient's separation of employment.
- I understand I may only donate the following types of accrued leave: vacation, holiday accrual, or annual leave. (Sick leave and compensatory time may not be donated.)
- I understand I may donate leave from more than one bank but **each bank** drawn upon must be ***in increments of 8 hours*** and I cannot donate leave which would reduce my aggregate accrued leave balances of vacation, holiday accrual, compensatory time, sick leave, or annual leave to less than ***168 hours***.
- I have read and understand all of the above, and I freely and without restraint elect to donate leave credits to the Time-Bank.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Department Name*

**PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT, VOLUNTARY TIME-BANK ADMINISTRATOR, MAIL STOP #1150 OR VIA FAX 951-955-3581.**

**HR DEPARTMENT USE ONLY:**

**DONOR INFO:**  
Hourly rate of pay: \$ \_\_\_\_\_ Hrs Available: Y / N (circle one) Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**RECIPIENT INFO:**  
ID#: \_\_\_\_\_ Hourly rate of pay: \$ \_\_\_\_\_ Exempt or Non-Exempt (circle one)  
Dept: \_\_\_\_\_ Converted Hrs: \_\_\_\_\_  
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Pay Period #: \_\_\_\_\_  
Date balance correction submitted to Payroll: \_\_\_\_\_

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