

# DONATION OF LEAVE AUTHORIZATION FORM

**Section A** (To be filled out by donor)

Name \_\_\_\_\_ Compass No. \_\_\_\_\_

Department \_\_\_\_\_ Phone number \_\_\_\_\_

Eight hours is the **minimum** number of hours which can be donated at a time.

**Number of hours to be donated:**

Vacation \_\_\_\_\_ Holiday-In-Lieu \_\_\_\_\_ Total \_\_\_\_\_

I authorize the County of Sacramento to convert the above hours to gross wages, and credit the trust account in the name of the following:

Name of Donee: \_\_\_\_\_ Department \_\_\_\_\_

I understand that the above donated hours will be converted to gross wages based on my hourly wage in effect during the pay period in which the Human Resources Agency, Personnel Actions Section reduces my leave balances. Also, that the donation is irrevocable and that the Donee will receive the gross amount of the donation (less taxes).

I also understand that, (a) any interest earned by the County on monies in the trust account, or if the Donee refuses the donation, such monies shall become the property of the County; (b) In the event of a wage attachment against the Donee, the monies may be subject to garnishment; and (c) that any monies remaining at the time of the Donee's death, separation from County service, or return to duty will be paid to the Donee, or Donee's beneficiary, if applicable, upon such occurrence.

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

**Section B** (To be filled out by Donor's Departmental Personnel Specialist)

Control 0101	Compass No.	Cost Center	Employee Code	Name (Last, First, Initial)
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**BALANCE ADJUSTMENT**

50	A/M/X	Vacation Hrs		A/M/X	Holiday In-Lieu Hrs.
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I have confirmed that the balances in the above-named accounts are sufficient to qualify for the designated donation and that the above-named Donor is a regular County employee.

\_\_\_\_\_  
Signature of Departmental Personnel Specialist

\_\_\_\_\_  
Date

**Section C** (To be filled out by Human Resources Agency, Personnel Actions)

The hourly wage of the above named donor is \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Human Resources Agency Personnel Specialist

\_\_\_\_\_  
Date