

**TULARE COUNTY
VACATION DONATION PROGRAM:**

VACATION DONATION DONOR PLEDGE FORM

The County's Vacation Donation Program provides an opportunity for employees to donate vacation time to an employee who has suffered or whose qualifying family member has suffered a catastrophic and/or serious chronic illness or injury which requires the recipient to be absent from work over an extended period of time, and who has exhausted his/her own leave balances. Donations must be made at a minimum of four (4) or more hour increments.

I voluntarily agree to donate _____ hours of vacation to:

Recipient Identification # (or employee name if known) _____

Recipient's Department _____

Which will be converted as needed to sick leave for the sole use of this recipient.

I understand that this vacation donation is irrevocable, but that any hours not used by the recipient in accord with the terms and conditions of the Vacation Donation program will be returned to my vacation leave account.

I certify that this donation is made freely and voluntarily.

Print Your Name

Department

Signature

Employee ID #

Date

Please send the completed form to the Auditor's Office: attn. Payroll Department.

FOR COUNTY USE ONLY

CURRENT VACATION BALANCE _____

AMOUNT DONATED _____

REMAINING BALANCE _____

PAYROLL DEPT _____

DATE PROCESSED _____ LOG NUMBER _____