## TULARE COUNTY VACATION DONATION PROGRAM:

## REQUEST TO PARTICIPATE FORM

| I.  |   |  |
|---|---|--|
| (Name) am requesting to participate in Tu   | (Classification) plare County's Vacation Donation pr  | (Emp Id #) rogram in accordance with Personnel Rule 6.8.8.   |
| Department  | Work Location   | Work Phone #   |
| Effective Date of Leave   |   |  |
| Please Check One:  [ ] I have recently experienced  | l a catastrophic injury or illness. (Ple  | ease explain.)   |
| [ ] A member of my immediatinjury or illness. (Please explain   | · ·   | elle 6.7.4 c), has recently experienced a catastrophic   |
|   |   | r's) Physician's Certification for review.  and CTO balances. My current balances as of  |
| are:  |   |  |
| (date)  | 1.1   |  |
|   | ck Leave Balance:  TO Leave Balance:  | <del></del>  |
|   | acation Leave Balance:  |  |
|   | ersonal Holiday Balance:  | <del></del>  |
|   | andatory Time Off Balance:  | <del></del>  |
| Additionally, I am not eligible for,<br>Vacation Donation program and agre<br>and receive donations for a maximum<br>will be processed and credited to the<br>hours, i.e. 80 hours for a full-time em | nor will I apply for Workers Compense to abide with the procedures. I under nof twelve months (26 pay periods) during recipient in numerical order until there ployee or the number of assigned hours f | ted as compensable earnings subject to all applicable taxes. ation or 4850 payments. I have read and understand the stand that I can only be on the Vacation donation program ng my tenure with the County. Additionally, any donations are enough donated hours to make up a full pay period of for a part-time employee. I understand that if I'm receiving my payroll department so that the necessary integration of |
|   | ned in this form is a full, true and accorder's health-care provider is attached.   | urate representation of the facts as stated. A Physician's   |
|   |   |  |
| HR&D Use only:  |   |  |
| HUMAN RESOURCES & DEV  [ ] Approve [ ] Deny Signatu   | ELOPMENT DEPARTMENT re  | Date   |
| TCWeb Identification #  |   | <del>-</del>   |

If approved, HRIS will send notifications to: Employee; Employee's Payroll Dept; Auditor's Office Payroll; HR&D Benefits