



# Disaster Relief Donations Pledge Form

To: Personnel / Payroll

From (Name of Donor): \_\_\_\_\_

Budget Unit: \_\_\_\_\_

I hereby pledge a total of \_\_\_\_\_ hours (minimum of 8 hours) to be subtracted from my eligible leave balances as follows (sick leave cannot be donated):

Vacation: \_\_\_\_\_ CTO: \_\_\_\_\_ PTO: \_\_\_\_\_ Management: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Recipient's Budget Unit Number: \_\_\_\_\_

I understand I must have at least 40 hours of combined accrued leave (compensatory time off, paid time off, management leave, or vacation) remaining in my leave banks following my donation to the recipient named above.

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Auditor's Office will use a "first in" and "first out" system for all donated hours, per date received.*

Upon completion, this form shall be forwarded to the Auditor's Office for processing.  
Auditor-Controller 530-527-3474