



Agreement to Donate Annual Leave

Represented Employees, UNR, MGT, SMG & HDS

Pursuant to Salary Resolution Sections 600 & 700, I request to donate Annual Leave hours as specified below. If approved by the Department of Human Resources, I understand that this donation is unconditional and irrevocable, and shall be treated as though it had been earned by the **recipient** at their regular rate of pay.

Note: A maximum of 40 hours* per payroll year may be donated by the donor, and only if after the donation, the donor has a remaining balance of 120 hours of Annual leave/Sick/Vacation. Employees who have given official notification of their intent to separate from County employment **may not** donate under any circumstance.

*Donor **may** be approved for waiver of the 40-hr limitation for catastrophic illness or injury pursuant to Salary Resolution Sec 618.4.

Recipient's Name: _____ **Recipient's Department:** _____

Donor Name: _____ Donor Employee ID: _____

Donor Department: _____ Donor Work Phone: _____

Have you previously donated to a County employee in the current payroll year? Yes No

If yes, hours you donated: _____

In the section below, indicate your current balance and the number of hours you wish to donate

	Current Balance	Hours Donated
Annual Leave I/II/III/IV (AL/AL04)		
Sick Leave I/II (SV02)		
Vacation Leave I/II (SV02)		
Time Off Bank (TOB)		

Donor Signature/Date: _____

Witness Signature (other than recipient)/Date: _____

Please return this form to the recipient's HR representative

DEPARTMENT REPRESENTATIVE SECTION

Complete and forward a copy to Human Resources – Employee Benefits by email to HRALDonations@fresnocountyca.gov by no later than 12 pm on the 2nd Wed. of a pay period in which donations are to be applied, unless otherwise notified due to closures.

Recipient: ID #: _____ AL Bal: _____ as of PPE: _____

Integrating? Yes, Work Comp (OJI) Yes, Other No

Donor Info:

Donor maintains at least 120 hours after this request is applied? Yes No
(If no, the donor is not eligible to donate hours)

Processed By: _____ Date to HR: _____

EMPLOYEE BENEFITS AUTHORIZATION (HR-Benefits will reply to the department with approval via e-mail)

Benefits Representative: _____ Date of Approval: _____