



# Yuma County Leave Donation Authorization Form

Name: \_\_\_\_\_ Emp # / Dept #: \_\_\_\_\_ / \_\_\_\_\_  
*(Please Print)*

I hereby **voluntarily** authorize \_\_\_\_\_ hours of my **paid time off (PTO)** to be donated to the Extended Illness Bank in accordance with Personnel Rules and Regulations PR-417 E. I understand that I **must** maintain a minimum balance of 160 PTO hours in my own leave bank, and may donate no more than 160 hours of PTO per calendar year.

I hereby **voluntarily** authorize \_\_\_\_\_ hours of my **vacation leave** to be donated to the Extended Illness Bank in accordance with Personnel Rules and Regulations PR-417 E. I understand that I **must** maintain a minimum balance of 40 vacation hours in my own leave bank, and may donate no more than 160 hours of vacation per calendar year.

I hereby **voluntarily** authorize \_\_\_\_\_ hours of my **sick leave** to be donated to the Extended Illness Bank in accordance with Personnel Rules and Regulations PR-417 E. I understand that I must maintain a minimum balance of 160 sick hours in my own leave bank, and may donate no more than 80 hours of sick per calendar year.

I hereby **voluntarily** authorize \_\_\_\_\_ hours of my **eligible separation sick leave** to be donated to the Extended Illness Bank. Pursuant to PR-404(G) eligible employees may donate any unused portion of compensable sick leave credits to the EIB upon separation from county service. Compensable sick leave is sick leave that is eligible to be paid at \$3.00 an hour for up to 1000 hours of unused accumulated credits to an employee who meets the following conditions: employed with County for 5 continuous years; and provides the County with 10 working days notice of separation.

I hereby designate this leave to the following: **(If neither is selected, it automatically goes in the General Pool.)**

**GENERAL POOL:** \_\_\_\_\_ **OR** **EMPLOYEE:** \_\_\_\_\_  
*(PLEASE PRINT NAME OF EMPLOYEE)*

If Leave is designated to a specific employee:

- \_\_\_\_\_ Please give the remainder of my donation to the general pool to aid other employees.
  - \_\_\_\_\_ Transfer any excess time not needed by said employee back into my accrual bank.\*
- (If neither is selected, excess time will go to the General Pool.)**

**I understand that this donation is voluntary and irrevocable.** Pursuant to PR-417 (E.7) Donors will remain anonymous unless indicating otherwise below.

Please initial one:

- \_\_\_\_\_ I wish to remain anonymous.
- \_\_\_\_\_ You may release my name to the recipient specified above.

EMPLOYEE SIGNATURE

DATE

\* This is NOT applicable to instances where the time was donated in accordance to PR-417E (1).

# CONFIDENTIAL

**Please return to  
Financial Services Department; Payroll Division**

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EIB DONATION FORM cont=d.

**Financial Services Department  
ATTN: PAYROLL DIVISION**

**DO NOT WRITE BELOW**

<b>Financial Services - Payroll / Accounting</b>		
Employee <b>Vacation</b> Balance:	_____	As of: _____
Employee <b>Sick</b> Balance:	_____	As of: _____
Employee <b>Separation Sick</b> Balance:	_____	As of: _____
_____	X \$ _____	= \$ _____
# of Hours Donated	Hourly Rate	Total Donation to EIB
Employee Vacation Balance <b>AFTER DONATION</b> :	_____	As of: _____
Employee Sick Balance <b>AFTER DONATION</b> :	_____	As of: _____
Employee Separation Sick Pay <b>TO PAY OFF</b> :	_____	As of: _____
Hrs bank charged:	Vacation _____	Sick: _____
	Date: _____	Initial: _____
EIB Credited: \$ _____		
	Date: _____	Initial: _____
Revised 07/23/09		

**C O N F I D E N T I A L**

