



EMERGENCY AUTHORITY ONLY APPLICATION TO DONATE LEAVE

Employee Section:

Name: _____
(Please print)

Employee Number: _____ Job Title: _____

Department Name: _____ Dept. Number: _____

I hereby authorize Monterey County to deduct accrued leave from my leave balance(s) in the amount(s) set forth below. I understand I must donate a minimum of 4 hours of leave, may only donate up to 200 hours, and must have at least 40 hours remaining of accrued leave after donation. I understand that my donation of accrued leave to the County's Leave Bank is irrevocable and irreversible.

Vacation: _____ hours Annual Leave: _____ hours
 Sick Leave: _____ hours Paid Time Off: _____ hours

Donor Signature

Date

Department Head or Their Designee Section:

The donation is:

- Approved – The above employee has sufficient accrued hours of the type indicated to make the desired donation of accrued leave, and will have at least forty (40) hours of accrued leave remaining after deduction of the donated hours.
- Denied - The above employee does not have sufficient accrued hours of the type indicated to make the desired donation, or will not have at least forty (40) hours of accrued leave remaining after deduction of the donated hours.

Department Head Signature

Date

HR-Employee Benefits Section:

The donation is:

- Approved – The above employee has sufficient accrued hours of the type indicated to make the desired donation of accrued leave, and will have at least forty (40) hours of accrued leave remaining after deduction of the donated hours.
- Denied - The above employee does not have sufficient accrued hours of the type indicated to make the desired donation, or will not have at least forty (40) hours of accrued leave remaining after deduction of the donated hours.

Donation Valuation:

Pay Rate: _____ x _____ Sick / Vacation / Annual / PTO hours = \$ _____

Date Processed: _____ Doc ID: _____

Authorized Signature

Date