TRANSFER OF ACCRUED PAID LEAVE
TO VOLUNTARY TIME BANK
FOR SERIOUS ILLNESS OR INJURY LEAVE

I understand that only employees in allocated, (regular or unclassified) positions are eligible to participate in the Stanislaus County Voluntary Time Bank Program. This program is not available to Extra-Help, Personal Service Contract Employees or Independent Contractors.

I understand that this transfer of leave hours is irrevocable. Should the person receiving the transfer not use all transferred time for the serious illness/injury, any balance will be forfeited.

I understand that I may only transfer the following type of accrued leave: vacation time, old holiday time, compensatory time, and sick leave.

I understand that I may transfer one (1) form of leave-time in increments of four (4) hours or more up to a maximum of forty (40) hours per donation per person for every consecutive twelve (12) month period for catastrophic leave; and that I cannot transfer leave which would reduce my total accrued sick leave balance to less than 160 hours. Further, I understand that to donate vacation time, I must have a minimum of forty (40) hours left after the donation. I understand that donation of leave time i.e., compensatory time, sick leave, vacation time, and/or holiday time, may not be combined at the time of each donation.

I understand that the voluntary Time Bank of Serious Illness or Injury to a County Employee or Immediate Family member is a bona fide leave sharing arrangement for a "medical emergency" as defined in IRS Ruling 90-20. Pursuant to IRS Ruling 90-29, leave transferred under such arrangements will not be considered wages for the employee who surrenders the leave and therefore will not be included in gross income or subject to withholding.

I have read and understand all of the above, and I freely and without restraint elect to transfer_____hours of _____ time to a time bank established for the benefit of _____.

Donating Employee's Name (Print) _____
Department_____
SS#_____

Signature _____   Date_____

_____   _____
DEPARTMENT HEAD OR DESIGNEE   DEPARTMENT HEAD OR DESIGNEE

*(Requires signature of both department heads for transfer of leave time across department lines.)

FOR AUDITOR'S OFFICE USE ONLY
HA/16

EMPLOYEE ID# _____
ELEM#   HOURS