



Human Resources Department
Request to Donate Earned Time Form

I wish to donate Earned Time (ET) to another employee.

My name (please print): _____

Social Security Number: _____

Time I would like to donate:

___ hours/hourly employee (max 16 hours)

___ days/salaried employee (max 3 days)

Full-time hourly employees can donate up to 16 hours per fiscal year. Full-time salaried employees can donate up to 3 days per fiscal year. Maximum donation for Part-time employees is pro-rated.

Recipient's name: _____

I understand that ET donations are transferred on an as needed basis in the order in which they are received.

Employee Signature

Date

APPROVAL

Human Resources

Date