



HUMAN RESOURCES DEPARTMENT
MAJOR DISASTER LEAVE-SHARING PLAN

DISASTER LEAVE DONATION FORM

I wish to assist another employee who is a disaster victim.

I understand that:

- My donation will be placed in a pool of hours to be distributed among all eligible employees.
- I may donate regularly accrued vacation or compensatory hours only.
- Donated hours must be in one hour increments.
- I must have 40 or more accrued vacation hours remaining after this donation is transferred.
- The total number of vacation hours I can donate for this disaster may not exceed the number of hours I normally accrue in a year based on my MOU or Salary Resolution.
- The total number of compensatory hours I can donate for this disaster may not exceed the compensatory maximum, as provided in my MOU or under the Salary Resolution.
- I may donate hours for up to one year from the date of the Sonoma County Board of Supervisor's disaster proclamation.
- I may not claim donated time as a charitable donation.
- The Auditors Office will administer the Disaster Leave Benefits and Donation in compliance with IRS Rules.

Donation Amount

Number of Hours Donated (in 1 hour increments)

Type of Leave Donated: _____ vacation _____ compensatory time _____

Print your name: _____ Employee # _____

Signature: _____ Date: _____

Department Name: _____ Unit _____

Submit the completed form to ACTTC-Payroll via facsimile (707-565-4694) or e-mail ACTTCPayrollDivision@Sonoma-County.org, with the subject line: Disaster Leave Donation.

AUDITOR-PAYROLL OFFICE ONLY

Date received by Auditor-Payroll:	
Pay Date Deduction Applied:	

BOARD OF SUPERVISORS APPROVED DISASTER PROGRAM DATE: OCT. 10, 2017