

Monroe County Sheriff's Department Vacation Donation Request

Deleted:

Date: _____

I _____ would like to donate _____ hours of my
vacation to _____.
Please print name with four- digits ID number
Please print name or recipient

Signature of donor

I understand that the time I donate will only be used when the above-named individual does not have enough sick, vacation, or comp time on the books to meet their present payroll needs. If the need of the individual employee changes, I understand that my donated time will not be taken.

Supervisor of the recipient: _____ approved _____ not approved

Please print name ID number

Signature of supervisor

FOR FINANCE DIVISION USE ONLY:

Finance Director Notification: _____
Signature Date

Finance Assistant - Payroll Notification: _____
Signature Date

Donor's Time Conversion Calculation

Proposed Time Donated Above _____ hours

Times the Donor's Hourly Rate of Pay \$ _____ /per hour

Value of Time Donated \$ _____ Total

Divided by Recipient's Hourly Pay \$ _____ /per hour

Equals Hours Applied to Recipient's Account _____

POSTED IN ADP THIS _____ DAY OF _____, 200____ by _____
Finance Assistant