



738 NE DAVIS ST.  
PORTLAND, OR 97232

AUTHORIZATION FOR DONATION OF PAID-TIME OFF HOURS  
TO PAID TIME OFF LEAVE BANK

Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

I HEREBY VOLUNTARILY AUTHORIZE \_\_\_\_\_ HOURS FROM MY PAID-TIME-OFF BALANCE TO BE DONATED TO THE PAID TIME OFF LEAVE BANK.

I UNDERSTAND THAT THIS IS A VOLUNTARY DONATION AND MY DECISION TO DONATE THESE HOURS IS IRREVOCABLE.

I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR SUBMITTING THIS FORM TO THE HUMAN RESOURCES DEPARTMENT, 738 NE DAVIS, PORTAND, OR. 97232 FOR PROCESSING.

I HAVE RECEIVED, READ AND UNDERSTAND THE PAID TIME OFF DONATION POLICY.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
***Supervisor/Program Director Approval***

\_\_\_\_\_  
***Date***

Date Received by HR: \_\_\_\_\_

Requested Approved by: \_\_\_\_\_  
Name of HR Representative Date

Cc: Payroll