HELPING HANDS

Voluntary Donation of Earned Time Form

I, _____(Employee Name), voluntarily elect to forfeit and donate _____ hours of earned time effective immediately to the Helping Hands Fund. I understand that the actual amount of earned time donated will be prorated based on my hourly rate of pay.

_____   _____/_____/_____
Employee Signature   Date

Payroll ID# _____

_____

For Administrative Use Only

        Donator's Rate of Pay $_____
        Hours Donated   _____
        Value $_____
        ET Hours Deducted by Payroll   _____/_____/_____ Date
                                _____ Initials

Please return completed form to Corporate Communications & Engagement Department.

#1564 - Attachment #2

Helping Hands is a program of

DOORWAYS TO COMPASSIONATE GIVING