COUNTY OF VENTURA
EMPLOYEE EMERGENCY ASSISTANCE TRUST FUND
UNDESIGNATED DONATION FORM

Donor's Last Name, First, Middle Initial	Employee I.D. Number
Current Hourly/Biweekly Rate of Pay	Dept/Agency Name and Number

☐ I wish to donate $_____ on a biweekly basis to the County of Ventura's Undesignated Employee Emergency Assistance Trust Fund:

Please circle one: Fire-Specific   Non-Fire-Specific

I hereby authorize the Auditor-Controller to deduct from salary or wages due to me the above biweekly net pay to be deposited into the Undesignated Employee Emergency Assistance Trust Fund noted above. I understand that the County makes no representations as to whether this donation qualifies as a charitable contribution.

OR

☐ I wish to donate hours from my accrued annual leave/vacation bank to be deposited into the County of Ventura's Undesignated Employee Emergency Assistance Trust Fund:

Please circle one: Fire-Specific   Non-Fire-Specific

I understand that the number of hours I designate below will be converted to its wage/salary equivalent and that applicable state and federal taxes will be withheld. I hereby authorize the Auditor-Controller to deduct from salary or wages due to me the net pay resulting from this redemption, and to transfer that amount to the Undesignated Employee Emergency Assistance Trust Fund noted above. I understand that the County makes no representations as to whether this donation qualifies as a charitable contribution.

Number of hours of accrued vacation/annual leave I wish to donate: _____
(maximum 40 hours)

OR

☐ Attached is a personal check/money order in the amount of $_____ to be deposited into the Undesignated Employee Emergency Assistance Trust Fund:

Please circle one: Fire-Specific   Non-Fire-Specific

I understand that the County makes no representations as to whether this donation qualifies as a charitable contribution.

Signature:	Date:

100% of your money is donated to County or retired employees or their survivors after the appropriate t axes are deducted.

DELIVER YOUR COMPLETED FORM TO YOUR DEPARTMENT/PAYROLL REPRESENTATIVE