



COUNTY of VENTURA

County Executive Office
Human Resources/Benefits

**COUNTY OF VENTURA
EMPLOYEE EMERGENCY ASSISTANCE TRUST FUND
DESIGNATED DONATION FORM**

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

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

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 Designated Employee Emergency Assistance Trust Fund noted above.

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

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 taxes are deducted.

DELIVER YOUR COMPLETED FORM TO YOUR DEPARTMENT/PAYROLL REPRESENTATIVE