**GCCG-EA**

**EXHIBIT**

**PROFESSIONAL STAFF VOLUNTARY**

**TRANSFER OF ACCCRUED**

**PAID TIME OFF (PTO)**

**DONATION OF PAID TIME OFF (PTO)**

I voluntarily donate PTO time to Mary C. O’Brien Accommodation PTO Donation Bank (PDB).

I understand that I may not revoke this donation once it has been credited to the PDB.

**DONOR:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Donated: \_\_\_\_\_\_\_\_\_ Hourly Rate: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Donor

Sworn to before me by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Donor)

This day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_

Notary Public’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICIAL USE ONLY:**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monetary Value of Donation: \_\_\_\_\_\_\_\_\_\_\_\_ Hours donated to bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hours donated/$20)

PTO Donation Entry by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_