



VACATION HOURS DONATION FORM
(A COPY OF THIS SIGNED FORM IS TO BE ATTACHED TO THE PERSONNEL FILE OF THE DONOR)

Request to Donate Vacation Hours to CHLA Foundation

A. GUIDELINES FOR VACATION HOURS DONATIONS TO FOUNDATION

- The employee donating vacation hours must first meet the eligibility requirements for the CHLA HR-71.0 Vacation Hours Donation. That policy is incorporated herein, in its entirety, by this reference.
An employee who wishes to donate vacation hours to CHLA Foundation, must complete and submit this form to the Payroll Department.
Employees must not solicit Vacation Hours donations from other CHLA employees.
This form must be received by Payroll prior to the pay period end date in order to process a vacation donation for the subsequent pay period.
Employees may elect to donate at any time a minimum of one vacation hour, and the maximum number of vacation hours employees may donate in any calendar year is equivalent to their accrued vacation hours.
The amount of the cash donation to CHLA will be equal to 100% of the vacation hours that the employee elects to donate, multiplied by their base rate of pay (not including shift differential, etc.) at the time of the donation payment, subject to required income and payroll tax withholding.
Vacation donations are subject to all applicable income tax withholding and payroll taxes, and will be reported by CHLA as wages on your IRS Form W-2.

B. VACATION HOURS DONATION (Employee to Complete)

Employee Name: _____ Date: _____ Employee ID: _____

Department Name: _____ Extension: _____

Donated vacation time will be allocated toward the greatest needs of CHLA ("Children's Fund")

To honor the Donor, CHLA may publish the Donor's name in various publications, press releases and publicity vehicles unless anonymity is requested. All requests for anonymity and confidentiality should be made in writing by Donor. If you wish to be an anonymous donor please, email CHLA Foundation Donor Services at donorservices@chla.usc.edu

[Please note: Donation of Vacation Hours need to be a minimum of 1.00 hours and in whole numbers.]

I am requesting to voluntarily donate the cash value of _____ hours of my accrued vacation time to the Children's Hospital Los Angeles ("CHLA"). I am making this donation voluntarily and of my own free will, without coercion or suggestion by Children's Hospital Los Angeles. I understand that upon review and execution of this Charitable Vacation Hours Donation Policy and this Form, the hours I donate will cease to be available for my use. I also understand that the hours I donate to CHLA will be reported as taxable income to me that is subject to applicable withholding taxes.

Signature of Employee: _____ Date: _____

**Please submit to Payroll@chla.usc.edu for processing*

C. APPROVALS

Reviewed by: _____ Date: _____ Approved for: _____ hours
(Payroll Representative)

Approved: _____ Disapproved: _____
(Payroll Designee) (Payroll Designee)