

SHASTA COUNTY LEAVE CREDITS DONATION

<u>HOURS</u>	<u>TYPE</u>
_____	VACATION CREDITS
_____	HOLIDAY CREDITS
_____	COMPENSATORY TIME CREDITS

I hereby voluntarily donate the above hours to a Deputy Sheriff's Association Time Bank and I understand that I may not request withdrawal of any hours donated.

\_\_\_\_\_  
Signature Association Member

\_\_\_\_\_  
Date