

SCOTTS VALLEY FIRE PROTECTION DISTRICT VOLUNTARY TIME BANK

**TRANSFER OF ACCRUED VACATION TO CATASTROPHIC LEAVE
TIME BANK**

Date:

To: Fire Chief

I understand that this transfer of leave hours is irrevocable and, should the person receiving the transfer not use all transferred time for the catastrophic illness/injury, any balance will remain with that person.

I understand that I may only transfer accrued vacation leave.

I understand that I may transfer leave in increments of four (4) hours or more and that I cannot transfer leave which would reduce my total accrued leave balance to less than 168 hours.

I have read and understand all of the above, and I freely and without restraint elect

to transfer _____ hours of Vacation to a Time Bank established for the
benefit of _____.

Employee's Name (Print) _____

Signature _____ Date _____