



# County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

JOE HARN, CPA  
Auditor-Controller

BOB TOSCANO  
Assistant Auditor-Controller

## RE-ASSIGNMENT OF EARNED HOURS

Hours may only be donated to employees who have exhausted all their leave hours and whose illness will keep them from reporting to work for the equivalent of ten or more days.

Local One / LEMA / CA / MA / Unrep.	4 hour increments	
Probation	1 hour increments (VA or CTO)	16 hours max per donating employee
Operating Engineers	1 hour increments	16 hours max per donating employee
Deputy Sheriff's Association	1 hour increments	16 hours max per donating employee

*\*Always consult specific MOU for additional guidelines and/or updates in language\**

**\*Please Print Clearly\***

Number of Hours to be donated \_\_\_\_\_ Type of leave hours \_\_\_\_\_

### Employee DONATING Hours:

Name: \_\_\_\_\_

Fenix ID # \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employee RECEIVING Hours:

Name \_\_\_\_\_

Fenix ID # \_\_\_\_\_

Department \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that the amount of donated time paid to me will be included as taxable income.*

Department Head Signature \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that the donated time will be charged to my department when paid.*

### Auditor/Controller Payroll Use Only:

Transfer of Hours Completed:

Pay Period: \_\_\_\_\_ Date: \_\_\_\_\_