

**[XYZ COMPANY] HURRICANE HARVEY
CHARITABLE LEAVE DONATION PLEDGE FORM**

PRINT NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	DEPARTMENT, UNIT OR ID #
HOME ADDRESS & ZIP CODE			HOME PHONE

I AUTHORIZE THE FOLLOWING DONATIONS OF ACCRUED LEAVE: (Check the applicable box or boxes)

One-Time Donation of Accrued Leave

TYPE OF LEAVE CONTRIBUTION	DONATED HOURS (IN FOUR (4) HOUR INCREMENTS)
VACATION	
SICK	
PERSONAL	

Pledge of Future Accrued Leave

I pledge future accrued leave based on the following basis, and my election terminates on the last day of **[Insert Date No Later than December 2018 but see Q&A 13 in the FAQ].**

TYPE OF LEAVE CONTRIBUTION	DONATED HOURS EACH PAYROLL PERIOD (IN FOUR (4) HOUR INCREMENTS)	NUMBER OF PAYROLL PERIODS TO WHICH THE PLEDGE DONATION APPLIES	TOTAL HOURS DONATED EACH MONTH
VACATION			
SICK			
PERSONAL			

ANNUAL LEAVE ALLOCATION AMOUNTS: To designate one or more charities that appear on the provided list, fill in the charity identification number(s) from the attached list and the annual leave allocation amounts in ten (10) percentage point increments, which must add up to 100%. If you do not make a designation, the **[XYZ Company]** will choose the organization(s) on the attached list to which it will donate the annual leave allocation amounts.

NOTE: This material outlines the general principles of a leave-based donation program to aid victims of Hurricane Harvey as permitted under IRS Notice 2017-48. This material has been prepared for informational purposes only and is not intended to provide and should not be relied on or be a substitute for tax, legal or accounting advice. Readers should consult their own tax and legal advisors before adopting a leave-based donation program under IRS Notice 2017-48.

<u>3-DIGIT AGENCY CODE</u>	<u>AGENCY NAME</u>	<u>PERCENTAGE OF ALLOCATION (TOTAL MUST ADD UP TO 100%)</u>

PLEASE CHECK ONLY ONE BOX

I want my name and home address released to the organization(s) I have designated:
(My name will not be released unless this box is filled out completely.)

Street: _____
City: _____ State: _____ Zip Code: _____

I want my name and personal email address released to the organization(s) I have designated:

E-Mail Address: _____

I do not want my name or other personal information released to the organization(s) I have designated

LEAVE ASSIGNMENT ELECTION

By completing this form, I voluntarily elect to participate in the **[XYZ Company]** Hurricane Harvey Charitable Leave Donation Program to assist victims of Hurricane Harvey. I authorize **[XYZ Company]** to reduce my accrued leave in the designated four (4) hour increments either through a one-time leave donation and/or a pledge to donate future leave accruals, as indicated above. I authorize **[XYZ Company]** to donate the amounts indicated herein to the designated charitable organization(s). I understand that the amount of my allocated leave will only be applied towards the charitable organizations that I elect and only in the percentage of total hours that I elect. I understand that if I do not elect a charitable organization, the **[XYZ Company]** can donate the amounts to the charitable organization(s) of its choosing.

My initial election to donate my accrued leave is effective immediately. In addition, I pledge to donate future accrued leave on the periodic payroll basis referenced herein. I recognize that the program will terminate no later than December 31, 2018 and that my election is invalid after that date.

I have received, read, and understand the description of the **[XYZ Company]** Hurricane Harvey Charitable Leave Donation Program. I also understand and agree that **[XYZ Company]** reserves the right to prospectively terminate or change the program's terms to conform to any future federal or state guidance, as well as for any changes in the **[XYZ Company's]** leave policies.

SIGNATURE: _____ DATE: _____

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