

Westinghouse Savannah River Company Donor's Timebank Transfer Request

Proc. Ref. 5B, 3-2

Donor Employee's Name	Donor's User ID	Company
Donor Employee's Organization		Org Code
Recipient Employee's Name	Recipient's User ID	Org Code

I hereby authorize the voluntary transfer of _____ hours of my accrued timebank hours to the above-named employee recipient. I certify that the employee recipient is not a manager in my supervisory chain.

Check here to request your donation be anonymous.

Donor Employee

Date

Supervisor/Manager

Date

Submit original completed and signed form to the appropriate Human Resources office after verifying employee's transfer hours are available.

Human Resources

Concurrence-Division Human Resources

Date

Human Resources Policy

Date

Justification

Exempt Compensation/Payroll Use

_____ hours of timebank have been deducted from Donor employee's account.

Exempt Compensation/Payroll Signature

Date

_____ hours of timebank have been credited to Donor employee's account.

Exempt Compensation/Payroll Signature

Date

Note Exempt Compensation approves for Exempt employee.
Payroll approves for Nonexempt/Selected Overtime Position employee.