

Savannah River Site

Donor’s Time Bank 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 Time Bank hours to the above-named employee.

_____	_____
Donor Employee	Date
_____	_____
Manager	Date

Submit original completed and signed form to the appropriate Business Unit HR after verifying employee's transfer hours are available.
NOTE: Recipient is not provided Donor identification.

Human Resources

_____	_____
Concurrence - Business Unit HR	Date
_____	_____
Human Resources Policy	Date

Justification