

Donation of credits to go to:

_____	Employee's Name	_____	Employee Number
_____		OR	_____
Terminal			Vessel

Amount of Donation:

I request that the following hours be paid out to me, and the net amount donated in trust to the above-noted employee through the BC Ferry and Marine Workers' Union. I understand that Revenue Canada laws require the donating employee be taxed on donated time.

- CTO _____ Hours
- PTO _____ Hours

Donating Employee Information:

_____	Employee's name (please print)	_____	Employee #
_____		OR	_____
Terminal			Vessel
_____	Employee's Signature	_____	Month
		_____	Day
		_____	Year
		Date Signed	

Please forward the completed form via inter-office mail to: Pay Office @ The Atrium