

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