

Employee Charitable Donation Authorization Form

Employee Name: _____ Date: _____

Department: _____ Employee Number: _____

Lompoc Valley Medical Center employees may voluntarily support the Lompoc Hospital District Foundation through PTO conversion or payroll charitable contributions. The Foundation is a registered 501(c)(3) nonprofit organization supporting patient care, equipment, and community health programs. Participation is completely voluntary and not a condition of employment.

Donation Selection (Select One or Both Options)**PTO Conversion Donation**

- ☐ _____ PTO Hours
☐ \$_____ Equivalent Value

Employee Acknowledgment:

- PTO converted at the current base hourly rate.
- Taxes and required withholdings may apply prior to donation.
- Donation is non-refundable once processed.
- PTO minimum balances must remain in compliance with LVMC policy.

Payroll Deduction Donation

Per Paycheck Amount:

- ☐ \$5 ☐ \$10 ☐ \$15 ☐ \$20 ☐ \$25 ☐ \$30 ☐ \$35 ☐ \$45 ☐ \$50
☐ Other Amount: \$_____

Donation Schedule:

- ☐ One-Time Deduction
☐ Recurring Deduction (until canceled in writing)

Nonprofit & Compliance Disclosure

- The Lompoc Hospital District Foundation is a 501(c)(3) charitable organization.
- Donations are voluntary and may be tax-deductible to the extent allowed by law.
- No goods or services are provided in exchange for contributions.
- Donation receipts will be issued by the Foundation when applicable.
- Changes must be submitted in writing to HR/Payroll before payroll processing deadlines.

Employee Authorization

I voluntarily authorize LVMC Payroll to process my selected donation.

Employee Signature: _____ Date: _____

HR/ Payroll Use OnlyDate Received: _____ PTO Verified: ☐ Yes ☐ No

Payroll Setup Date: _____ Processed By: _____

