



Catastrophic Donation Form

TO: Human Resources
SUBJECT: Donation of Accrued Paid Leave
DATE: _____

I understand that this donation of leave hours is irrevocable, and should the person receiving the donation not use all the donated time for the illness/injury, any balance will remain with that person.

I understand that I can only donate the following types of accrued leave: **vacation or floating holiday** time. (Sick leave and accrued compensatory time may not be transferred.)

I understand that I cannot donate leave which would reduce my vacation balance to less than one week (37.5 or 40 hours).

Additionally, I understand that in the event that the employee I am donating time to dies, any unused donations will be placed in a bank to be used by other eligible employees as indicated in the Catastrophic Leave Policy.

NOTE: If you are close to your max vacation or will be losing your Floating holiday time, please inform HR of this by way of phone call or by attaching a note to this form stating that you need your donation process right away. We process forms by the date in which they came in and in some cases that might mean your donation is not sent down for a pay period or two.

I have read and understand all of the above and I freely and without restraint elect to donate:

_____ hours of vacation time
 floating holiday time to _____
Employee (recipient)

Donor's Name [Please Print] Donor's Department

Donor's Personnel Number (This # is located on the top line of your paycheck to the right of your name)
Check [✓] here if you wish to keep your donation anonymous.

Signature Date

Hr Office Use Only:
Hrly rate of donor: \$ _____ Leave Avail. of donor: _____
Original: Payroll; xc: Cat Leave File Input by/on: _____