

Instructions – Catastrophic Leave Donation Program

This form is required for authorizing the transfer of Vacation and/or Sick Leave hours to another employee under the Catastrophic Leave Donation Program.

Date – Enter the date (mm/dd/yyyy) the form is submitted.

From – Enter the first and last name of the employee donating leave hours.

Phone – Enter the phone number of the employee donating leave hours.

Department Name – Enter the department name of the employee donating leave hours.

Bargaining Unit Number – Enter the current bargaining unit number of the employee donating leave hours.

Name of recipient employee – Enter the name of the employee to whom hours will be donated.

Type and number of hours to be donated – Check the appropriate box. Enter the number of hours for each category checked. A combination of Sick Leave hours and Vacation hours may be used.

Sick Leave hours – Check this box if you are donating sick leave hours to the above named recipient employee. Enter the total number of Sick Leave hours only.

Vacation hours – Check this box if you are donating vacation hours to the above named recipient employee. Enter the total number of Vacation hours only.

Total number of hours donated – This field is automatically calculated when Sick Leave hours and/or Vacation hours are entered in the above fields.

Please check here if you would like the recipient to know the hours you are donating – Check this box only if you would like to be identified to the above named recipient employee.

Please check here if you would prefer to remain anonymous – Check this box if you do not want to be identified to the above named recipient employee.

Signature – Signature of person donating Sick Leave hours and/or Vacation hours to the above named recipient employee.

Social Security Number – Enter the Social Security number of person signing the form.

Submit Completed Form to:

Payroll Office
Catastrophic Leave Donation Program
Warren Hall 675