



**CATASTROPHIC LEAVE PROGRAM**

**LEAVE DONATION FORM**  
**Confidential**

Donor's Name \_\_\_\_\_  
*Last First MI*

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Employee ID # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

1. I wish to donate \_\_\_\_\_ accrued vacation leave hours to the Catastrophic Leave Program.
2. I understand that my initial donation must be at least 8 hours, and subsequent donations must be made in increments of 8 hours.
3. I am donating these hours freely and have not been forced or coerced into doing so.
4. I understand that these donated hours will be treated as leave hours for any employee approved to receive donations under the Catastrophic Leave Program.
5. My donation, once processed and transferred, is irrevocable.
6. The hours I donate will be deducted from my vacation leave balance and transferred to the Catastrophic Leave Bank. Donations will be used in the order that they are received.

I certify that:

- The days donated are not days I would otherwise forfeit or not be entitled to use.
- After making such donation, my remaining balance is at least 50% of the donated accrual.
- I understand that at the time of this donation, my actual accrual value will be verified prior to the donated hours being taken.
- I will respect the confidential nature of this donation.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

*Submit this form to the Department of Human Resources, COBB Admin Bldg., Room 299*

**Payroll Department to complete this section:**

As of: \_\_\_\_\_ Vacation Leave Balance: \_\_\_\_\_

Minus Donation: \_\_\_\_\_

New Leave Balance: \_\_\_\_\_

This transfer will be effective for the pay period ending: \_\_\_\_\_

\_\_\_\_\_  
Payroll Department Representative

\_\_\_\_\_  
Date