

CATASTROPHIC LEAVE DONATION FOR

TO: ayroll

Date:

FROM:

- I would like to donate the following number of hours to the employee named below as part of the Catastrophic Leave Donation Program
- I understand that I may donate up to the maximum number of sick and/or vacation leave credits for r Bargaining Unit. Leave credits may be donated in increments of one hour or more

Please check here if you would prefer to remain anonymous

I authorize Human Resources to deduct the above hours from my account and transfer it to the employee named above.

Signature

FOR HR USE ONLY:

Date received in HR: _____ Date keyed: _____

Leave Credit Deducted from: _____ Pay Period