

**CATASTROPHIC LEAVE DONATION PROGRAM  
DONOR ELECTION FORM**

INSTRUCTIONS: Please complete both sections below then forward to the Payroll Office.

**EMPLOYEE COMPLETE:**

I, \_\_\_\_\_ hereby donate:  
Print/Type Full Name

\_\_\_\_\_ hours of vacation \_\_\_\_\_ sick leave \_\_\_\_\_

To \_\_\_\_\_ pursuant to the regulations of the catastrophic leave donation program. I realize that once the leave credits are formally transferred to the recipient, they cannot be recovered by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**EMPLOYEE COMPLETE:**

Print/Type Full Name: \_\_\_\_\_

Donate \_\_\_\_\_ Hours of vacation \_\_\_\_\_ sick leave \_\_\_\_\_

Donate to: \_\_\_\_\_

*The above information is duplicated to facilitate the processing of this form.*

**PAYROLL OFFICE USE ONLY:**

The leave credits as stated above have been transferred.

The leave credits as stated above were not transferred because

\_\_\_\_\_ they were in excess of the amount needed.

\_\_\_\_\_ sick leave cannot be donated for family care.

\_\_\_\_\_ you have already donated the maximum number of hours for this fiscal year.

\_\_\_\_\_ you do not have the hours as indicated above.

\_\_\_\_\_ information in both of the sections above does not correspond.

*If leave credits are transferred, the Payroll Office will forward bottom portion of form to donating employee through department attendance clerk.*

*If leave credits are not transferred, Payroll will return entire form to donating employee.*