

**CATASTROPHIC LEAVE DONATION PROGRAM
DONOR ELECTION FORM**

INSTRUCTIONS: Please complete employee section below then **forward to the Payroll Office.**

EMPLOYEE COMPLETE:

I, _____ hereby donate the following leave credits:
Print/Type Full Name

Vacation Hours _____

Sick Leave Hours _____

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.

NOTE: Please review bottom of pay check stub for Cat Leave Donations that were transferred.

Signature: _____ Date: _____

PAYROLL OFFICE USE ONLY:

Employee Social Security Number: _____

Month Posted to: _____