

CATASTROPHIC ILLNESS LEAVE DONATION FORM

NOTE TO DONORS: Please read the Program procedures carefully before completing and submitting this sick leave donation form. Forward this completed and signed form to the Office of Human Resources during the open period, **OR** until the recipient receives the program maximum of fifty (50) days, whichever occurs first. Donation forms received after the close of this period will be returned.

Print Your Name:	
ID#:	
Job Title:	
Division / Dept.:	
Location (College or District Office):	
Telephone Ext.:	
E-Mail Address:	

Print Name of Employee Recipient: _____

I have read the Catastrophic Illness Leave Program Procedures. I understand that I am donating **one (1) day** of my own accumulated sick leave during this academic year to the employee named above, and that my donation will become part of this employee's regular sick leave balance, whether the donated time is actually used or not. I further understand that this donation is permanent.

Donor's Signature Require: _____ **Date:** _____

To be completed by the Office of Human Resources ONLY

Donor's sick leave balance prior to making this donation: _____ hrs / _____ days

Donor ___ is eligible (approved) to donate sick leave _____ is not eligible (not approved) to donate.

Comments: _____

Approved donor's remaining sick leave balance after the donation: _____ hrs / _____ days

Authorized HR Signature: _____ **Date:** _____