

# CATASTROPHIC LEAVE BANK

## HOURS TRANSFER FORM

I HEREBY VOLUNTARILY RELINQUISH \_\_\_\_\_ (number of hours) OF MY  
4 ➡ 40

\_\_\_\_\_  
Vacation, Holiday or Comp

TIME TO BE USED BY \_\_\_\_\_  
Recipient's Name

I UNDERSTAND THAT ONCE THE ABOVE RELINQUISHED HOURS HAVE BEEN TRANSFERRED (EFFECTIVE THE DAY THE RECIPIENT HAS EXHAUSTED ALL ACCRUED LEAVE), THOSE HOURS BECOME THE PROPERTY OF THE RECIPIENT.

-----  
**DONOR'S INFORMATION:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
EMPLOYEE NUMBER

\_\_\_\_\_  
DEPARTMENT/DIVISION

\_\_\_\_\_  
WORK NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT DIRECTOR'S SIGNATURE

\_\_\_\_\_  
DATE

**REMINDER:** Employee's may only donate from accrued vacation, holiday or compensatory time (no sick time). Employees may donate a minimum of four (4) hours to a maximum of forty (40) hours per individual. Donating employee's leave balances must remain at eighty (80) hours or more after the donation is made.

<b>PERSONNEL USE ONLY</b>
---------------------------

Donator's Hourly Rate \_\_\_\_\_ X Hours Donated \_\_\_\_\_

= Total Value of Donated Time \_\_\_\_\_