

CATASTROPHIC LEAVE BANK

HOURS TRANSFER FORM

I HEREBY VOLUNTARILY RELINQUISH (number of hours) OF MY
4 → 40

$$4 \rightarrow 40$$

TIME TO BE USED BY

Vacation, Holiday or Comp

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.

PERSONNEL USE ONLY

= Total Value of Donated Time