



CATASTROPHIC FAMILY SICK LEAVE DONATION

Instructions: Please complete this form and send it to the Human Resources Department, (attn: Human Resources - Payroll). Thank you for helping a fellow employee.

Employee Name: _____ Department: _____ Division _____
(Print)

Please refer to policy Ch. 14, IV, 7 for details and limitations of policy.

I, _____, voluntarily donate _____ day(s) (minimum of ½ day increments) of my family sick leave (Up to a maximum of 40 hours) to _____, who has an immediate family member with a catastrophic injury/illness.

I understand that:

I am freely donating this leave and give up all rights to the use of this leave in time off or in money.

I understand that any family sick leave donation that I have made that goes unused will be returned to me.

Employee Signature

Date

- I am on a 40-hour per week schedule. (Donation of ½ day = 4 hours)
- I am on a 56-hour per week schedule. (Donation of ½ day = 6 hours)