



**Confidential Employee
Donation Form for Catastrophic Leave**

Employee Name: (Please Print – Last Name, First Name)	Last Four (4) Digits of Social Security Number:
School/Department:	
Title:	
Work Phone:	Home/Cell Phone:
Name of Employee You Would Like to Donate Eligible Leave Credits to:	
Their School/Department:	

Definition of Leave

Date Received (Human Resource Services Only): _____	Received by (Human Resource Services Only): _____
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¹ The definition of a “day” is based on the individual classified employee’s work day pursuant to their job classification/specification.

Submit this form to Human Resource Services in a sealed “*confidential*” envelope to Box 770, **Attention: Human Resource Services**, or fax to 643-9454.

Please keep a copy for your own records.

cc: Human Resource Services, Personnel File