



**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): _____ |
|--|--|

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