



Employee Donation for Catastrophic Leave

Donating Employee Information	
First Name (Please print)	Last Name (Please print)
Total number of hours to be donated: _____ Vacation Sick Personal Flex	
<p>I, the undersigned employee, understand</p> <ul style="list-style-type: none"> my donation is strictly voluntary my time off balance will be reduced by the specified number of hours stated above this decision is irreversible as of the date this form has been signed by the CEO 	
_____ Donating Employee signature	_____ Date
<p>I certify that this employee has available the amount accumulated sick leave to be donated as stated above. I authorize the HR Department to transfer up to the total hours above to the Recipient Employee's time off records.</p>	
_____ CEO	_____ Date
BUSINESS OFFICE USE ONLY	
<p>I certify that this employee's sick leave balance has been reduced by the above hours of _____. The employee has _____ sick leave hours remaining.</p>	
_____ Administrative Systems Manager	_____ Date

1/14/2020