

Catastrophic Illness Donation Memo

_____, an employee in the Department of _____, has requested vacation/compensatory leave donations under our Catastrophic Illness Program, and he/she meets the conditions of our Catastrophic Illness Program. If you wish to donate vacation or compensatory leave, please complete the form below and return to your Agency.

Personnel Contact at: _____

Catastrophic Illness Donation Form

To be eligible to donate vacation/compensatory leave:

1. Only four (4) hour increments of vacation/compensatory leave may be donated.
2. Must not have solicited nor accepted anything of value in exchange for the donation.
3. Must have remaining to his/her credit at least 40 hours of accrued vacation leave, after donating vacation leave.

Name of employee you are contributing to _____

Number of whole hours of vacation/compensatory you are donating _____

I understand my vacation/compensatory leave balance will be decreased by the hours I am donating and that my vacation/compensatory leave shall be irrevocably credited to the recipient's sick leave account.

Your Signature _____

Your employee ID number _____

Witness' Signature _____

Date _____