



Personnel Services

## Targeted Donation Form

# CLASSIFIED

### CATASTROPHIC LEAVE DONATION FORM

I would like to make a targeted donation of \_\_\_\_\_ hours of my unused sick leave to the employee indicated below. (Must donate in increments equal to your total daily hours.) I acknowledge that all transfers of eligible credits are irrevocable and binding.

Your Name:	
Employee ID:	
Site/Department:	
Employee you'd like to donate to:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed form to Allison North in the Personnel Department.*