

Catastrophic Leave Donation Form

The College's Catastrophic Leave Policy allows full and part time College employees who have completed one year of service to voluntarily donate vacation hours to approved College employees who have experienced a catastrophic event and have exhausted their own paid leave entitlements.

Donor Information:

Name: _____

Department: _____

Extension: _____

I hereby authorize the Payroll Department to deduct _____ hours from my vacation balance to be voluntarily donated to any employee who qualifies as a recipient under the Catastrophic Leave Donation policy. I understand and will respect the confidential nature of this donation.

Signature: _____

Date: _____