

CATASTROPHIC LEAVE BANK PROGRAM DONOR APPLICATION FORM

PLEASE TYPE OR
PRINT LEGIBLY.

(Authorized by Act 169 of 1991)

Instruction: Complete this form to donate accrued Annual or Sick Leave to the Agency's Catastrophic Leave Bank Program. An employee's accrued Annual or Sick Leave cannot be reduced to less than eighty (80) hours (except upon termination). Accrued Leave may be donated in hourly increments of no less than one (1) hour. After completing Parts I and II, forward to employing agency's Human Resource/Payroll Office.

PART I - COMPLETED BY DONOR

Name of Donor (Last, First, Middle Initial)	Position Number	T Number
Amount of Annual Leave Hours Donated	Amount of Sick Leave Hours Donated	Total Amount of Leave Hours Donated

CERTIFICATION OF VOLUNTARY DONATION:

I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten or coerce me to donate my Annual or Sick Leave. I understand that I have no right under any circumstances to have any of the donated Leave restored to my accrued Annual or Sick Leave totals. I further certify that I am a regular/full-time employee of _____ agency and I am being compensated on a full-time basis. I further certify that this Leave Time Donation will not reduce my combined annual and sick leave balance to less than eighty (80) hours (except upon termination).

Signature of Donor	Date
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PART II - COMPLETED BY DONOR'S TIMEKEEPER

Annual Leave Hours Balance After Donation	Sick Leave Hours Balance After Donation		
Timekeeper's Name	Timekeeper's Signature	Phone Number	Effective Date of Balance

PART III - COMPLETED BY AGENCY INTERNAL PERSONNEL/DIRECTOR

Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Retirement <input type="checkbox"/> Termination	Total Leave Hours Donated	Hourly Rate of Pay	Dollar Value of Donation
Signature of Agency Internal Personnel Representative			Date

PART IV - APPROVAL OF AGENCY/INSTITUTION DIRECTOR/DESIGNEE

Signature of Authorized Agency/Institution Director/Designee	Date
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PART V - RETURN TO AGENCY/INSTITUTION PERSONNEL OFFICER FOR PROCESSING

PART VI - COMPLETED BY CLB RECORD KEEPER

Credit Date for Donated Leave	Signature of CLB Record Keeper
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