

CATASTROPHIC LEAVE DONATION FORM

Instructions: Under the provisions of the University Student Union's Catastrophic Leave Donation Program policy/procedure, University Student Union (USU) employees may donate up to 40/hours per donation request per year of accrued sick, vacation and/or personal holiday leave to another USU employee who has exhausted his/her accrued sick, vacation and personal holiday credits. Donated leave credits will be used to cover the employee's absence from work due to a catastrophic non-work related illness or injury, or the catastrophic, illness or injury of an employee's immediate family member of expected duration in excess of 15 calendar days.

Medical substantiation of catastrophic condition required. Conditions that are short term in nature such as colds, flu or minor injuries are generally not considered catastrophic.

This is a voluntary program available to all regular, benefited employees. All donations will be made anonymously.

Name of Donor (Please Print)

Date

Department

Extension

I would like to make the following donation/s:

Sick Credit _____ **(Hour/s)**

Vacation Credit _____ **(Hour/s)**

Personal Holiday Credit _____ **(Hour/s)**

Recipient Employee's Name: _____

Department: _____

In accordance with the terms and conditions of the Catastrophic Leave Donation Policy, I understand that once the transfer of my accrued sick/vacation and/or personal holiday credits has been completed, I cannot revoke my decision. Any but unused hours will however, be credited back to my leave balance/s.

My signature below indicates that I have read, understand and agree to comply with the requirements of this program.

Signature

Date

SUBMIT COMPLETED FORM TO USU HUMAN RESOURCES

FOR OFFICE USE ONLY

Verification of availability of donated hours

Yes

No

By:

Transfer Processed: _____ / _____ / _____

By: _____