

Catastrophic Leave Donation Form

The College's Catastrophic Leave Policy allows full and part-time College employees who have completed one year of service or more 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: _____