



CATASTROPHIC LEAVE PROGRAM RECIPIENT ACKNOWLEDGEMENT FORM

I understand that I am responsible for reading, understanding and complying with this Policy and the requirements of the catastrophic leave program. By accepting a leave donation from coworkers, I acknowledge that I will not receive disability benefits and will not accrue vacation or sick leave while on catastrophic leave.

Recipient's Name: _____
(Printed name - Last, First and Middle Initial)

Recipient's Signature _____

Date: _____