



# CATASTROPHIC LEAVE PROGRAM DONATION FORM

**TO:** Human Resources

**FROM:** \_\_\_\_\_  
(Print Name - Last, First, Middle Initial)

I wish to contribute the following hours (all donations must be in one-hour increments) to the employee named below as part of the City’s catastrophic leave program. I understand that my leave donation will not be deducted until such time as the employee needs hours to cover a payroll reporting period.

**DONATION FOR:** \_\_\_\_\_  
(Print Name - Last, First, Middle Initial)

- Vacation leave
- Floating holiday
- Administrative leave
- Compensatory time off earned
- Sick leave

My leave donation is made using the parameters identified in the City’s Catastrophic Leave Policy.

I understand that this donation is irrevocable once applied to the recipient’s catastrophic leave for any given payroll period.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

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