

# EMPLOYEE CATASTROPHIC ILLNESS DONATION FORM



Staff Member (Contributor) Donating Annual Leave (**VACATION**):

Name: \_\_\_\_\_

SS#, Employee ID#, or University ID#: \_\_\_\_\_

Campus Address: Department: \_\_\_\_\_

Building and Room Number: \_\_\_\_\_

Number of Hours Donated to Recipient: \_\_\_\_\_

Recipient of Donated Annual Leave (**SICK LEAVE**):

Name of Recipient: \_\_\_\_\_

Annual Leave (**VACATION**) donated to a staff member participating in the Catastrophic Leave program is irrevocably pledged to the Recipient's Sick Leave account. If the hours are no longer needed by the program participant, the donation form will be returned (this can be more than a year after the pledge). If this happens, the hours are no longer considered pledged to the Recipient.

Signature of Contributor: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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Approval:

University Benefits Office: \_\_\_\_\_

**Return completed form to the University Benefits Office, 120-40 USB**

008-00868

Updated 12/2007