

FAMILY 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 (**VACATION**):

Name of Recipient: _____

Annual Leave (**VACATION**) donated to a staff member participating in the Catastrophic Leave program is irrevocably pledged to the Recipient's Vacation 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: _____

Approval:

University Benefits Office: _____

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

008-00868

Updated 12/2007