CATASTROPHIC LEAVE PLAN INTENT TO DONATE LEAVE CREDITS

I, _____, intend to donate _____ hours (initial donation must be a minimum of 8 hours, thereafter increments of one hour are allowed to the employee listed here:

(Name of employee you are donating to)

hours of this donated leave should be charged to my sick leave account (**a maximum of 16 hours allowed**.)

_____ hours of this donated leave should be charged to my vacation leave account.

Please initial the following:

- [] If I have requested a portion of this donation be charged to my sick leave account, I understand that I must maintain a minimum of 30 days sick leave in my account.
- [] I understand that if this leave is donated and transferred to the above employee, the amount transferred is irrevocable and will not be returned to my account(s) under any conditions.
- [] I understand that any sick leave I donate may affect my retirement since accrued sick leave can be converted to service credit at retirement.

Signature

PAY ID

Date

Note: If you donate fewer hours than the maximum allowed, you may, if you so choose, submit an additional "Intent to Donate" form at a later date, if more leave credits are requested by the employee in need than hours have been donated.

Office use only:

S/L balance before donation _____ after donation _____

Vacation leave balance before donation _____ after donation _____