

**U of A Cooperative Extension Service
Catastrophic Leave Bank Program
Donor Application Form**

(Authorized by A.C.A. 21-4-214 Et seq.)

Instructions: Complete this form to donate accrued Annual or Sick Leave to the U. of A. Cooperative Extension Service Catastrophic Leave Bank Program.
An employee's accrued Annual or Sick Leave cannot be reduced to less than eighty (80) hours (except upon termination or retirement). **Accrued Leave may be donated in one (1) hour increments only.**

Please Type or Print Legibly

Part I To be Completed by Donor			
Name of Donor (Last, First, Middle Initial)		Position Number:	Employee I.D. Number
Amount of Annual Leave Hours Donated:	Amount of Sick Leave Hours Donated:	Total Amount of Leave Hours Donated:	
Certification of Voluntary Donation			
I certify that: <ul style="list-style-type: none"> I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten or coerce me to donate my Annual or Sick Leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued Annual or Sick Leave totals. I am a regular full-time employee of the U. of A. Cooperative Extension Service and I am being compensated on a full-time basis. This leave time donation will not reduce my combined Annual and Sick Leave balance to less than eighty (80) hours (except upon termination or retirement). 			
Signature of Donor:		Position Title:	Date:
Signature of Supervisor		Position Title:	Date:

Part II To be Completed by Payroll			
Annual Leave Hours Balance After Donation:	Sick Leave Hours Balance After Donation:	Effective Date of Balance:	
Donation Status: <input type="checkbox"/> Open Donation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination	Total Leave Hours Donated:	Hourly Rate of Pay:	\$ Value of Donation
Signature of Payroll Representative:	Position Title:	Phone Number:	Date:

Part III To Be Completed by Agency Director	
Signature of Agency Director/Designee:	Date:

Return completed form to
Payroll Department

Credit Date for Donated Leave:	Signature of Catastrophic Leave Bank Representative:
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