

Arkansas State University

Catastrophic Leave Donor Form

(Please complete and submit to Human Resources)

Name: _____

ID: _____

I voluntarily make this donation of vacation/sick leave to the A-State Catastrophic Leave Bank. I understand that my donation supports the continued existence of the A-State Catastrophic Leave Program and that in the event of a catastrophic illness; I must apply to the program and be approved to receive benefits.

CATEGORY

_____ Faculty

_____ Administration

_____ Classified

(Leave must be donated in 8-hour increments and with a lifetime maximum donation of 80 hours.
Donor must have completed 2 years of full-time employment to be eligible to donate to the bank.)

Annual Leave to be donated: _____ hours

Sick Leave to be donated: _____ hours

TOTAL: _____ hours

Signature: _____

Date: _____

To Be Completed By Payroll Services

Total Hours Donated: _____

Hourly Rate of Pay: _____

Dollar Value: _____

Payroll Rep: _____

Date: _____

Payroll cc: _____

Date: _____