

# CATASTROPHIC LEAVE-SHARING PROGRAM

## Vacation / Personal Time Transfer Form

The donated hours will be recorded by the Human Resources Department for usage for the pay period end date of: \_\_\_\_\_

Donor's Name	No. Donated Vac./Pers. hrs.	Recipient's Name	Received Vac./Pers. hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, \_\_\_\_\_ understand that this donation of \_\_\_\_\_ hours of Vacation or Personal Time is strictly voluntary, and that only the amount of time designated will be transferred to the Recipient that is listed above, pending their acceptance.

Signature of Donor: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that both Donor and Recipient qualify to participate in the Catastrophic Leave-Sharing Program.

Payroll Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_