

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: _____