

**CATASTROPHIC LEAVE BANK
REQUEST TO DONATE ANNUAL SICK LEAVE**

I voluntarily request that sick leave be transferred into the Catastrophic Leave Bank. Full time employees may donate a maximum of thirty-five (35) hours and part time employees may donate a maximum of seventeen and a half (17.5) hours per calendar year. I understand that my request is not revocable and once donated, the days may not be given back to me.

To Be Completed by Leave Donor			
1. Name (<i>Last, first, middle</i>)			
2. Address			
3. Telephone		4. Number of hours to donate	
5. Signature			6. Date Signed

Please return this form to Virginia Little, Business Office