

DELAWARE TECHNICAL COMMUNITY COLLEGE

**APPLICATION TO DONATE LEAVE
TO THE CATASTROPHIC LEAVE BANK**

PART I – To be completed by donor employee

Donor's Name _____ Employee ID: _____

Campus Location _____ Work Phone No. _____

I hereby donate _____ hours of sick leave to the Collegewide Catastrophic Leave Bank. I understand that I must donate 15 hours of sick leave for each 7.5 hours to be placed in the Bank. I understand that my sick leave balance will be reduced by the amount of the donation indicated above. I further certify that this donation is being given voluntarily.

Donor's Signature

Date

Upon completion, please forward to the Campus Human Resources Office.

PART II – To be completed by the Campus Human Resources Office

I hereby certify the employee listed above meets the criteria for donating leave as outlined in the Catastrophic Leave Bank Guidelines.

The donor's sick leave balance will be reduced by _____ hours as of the month ending _____, 20____.

Human Resource's Representative Signature

Date

Upon completion, please forward to the Assistant Vice President for Human Resources, Office of the President

PART III – To be completed by the Assistant Vice President for Human Resources

Date hours added to bank: _____ Number of hours added: _____