

**UNIVERSITY OF ARKANSAS FAYETTEVILLE  
CATASTROPHIC LEAVE BANK PROGRAM  
DONATION OF SICK AND ANNUAL LEAVE**

**PLEASE TYPE OR  
PRINT LEGIBLY**

**INSTRUCTIONS**

1. **Employee:** Complete and sign Part I and forward to your timekeeper. Accrued leave may be donated in one (1) hour increments only. **The maximum combined number of hours that may be donated may not exceed 32 hours.**
2. **Timekeeper:** Complete and sign Part II and forward to Human Resources.
3. **Personnel Officer:** Complete and sign Part III and retain in file.

**PART I – COMPLETED BY DONOR**

Name of Donor (Last, First, Middle Initial)	Position Number	Employee BASIS ID Number
Agency/Institution		Department
Amount of Annual Leave Hours Donated	Amount of Sick Leave Hours Donated	Total Amount of Leave Hours Donated

**CERTIFICATION OF VOLUNTARY DONATION**

**I Certify that:**

1. I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten or coerce me to donate my Annual or Sick Leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued Annual or Sick Leave Totals.
2. I am a regular full-time employee of the University of Arkansas, and I am being compensated on a full-time basis.
3. This leave time donation will not reduce my combined Annual and Sick Leave balance to less than eighty (80) hours (except upon termination or retirement.)

Signature of Donor	Date
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**PART II – COMPLETED BY DONOR’S TIMEKEEPER**

Annual Leave Hours Balance After Donation	Sick Leave Hours Balance After Donation	Effective Date of Balance
Timekeeper’s Name	Timekeeper’s Signature	Phone Number

**PART III – COMPLETED BY UNIVERSITY OF ARKANSAS PERSONNEL OFFICER**

Donor’s Employment Status <input type="checkbox"/> FULL-TIME <input type="checkbox"/> RETIREMENT <input type="checkbox"/> TERMINATION	Total Leave Hours Donated	Donor’s Rate of Pay	Employee designation (C,NC,F)
Signature of University of Arkansas Representative/Designee			Date
Return original to: Human Resources Department Administration Building 222 Fayetteville, AR 72701		Credit Date for Donated Leave	Signature of CLB Record Keeper

Revised 8/06