

UNIVERSITY OF CENTRAL ARKANSAS
Catastrophic Leave Bank Program

Donor Application

INSTRUCTIONS: Complete this form for donation of accrued annual or sick leave to the University's Catastrophic Leave Bank Program. Employee's accrued annual or sick leave cannot be reduced to less than 80 hours. After you complete this form forward to the UCA Human Resources Office, Wingo Hall, Suite 106.

TO BE COMPLETED BY DONOR:

Name of Donor	UCA ID	Position Title
Department	Vacation Leave Donated	Sick Leave Donated

Certification: I certify that 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. I further certify that I am a regular, full-time, classified/non-classified employee of the University of Central Arkansas and I am being compensated on a full-time basis. I also certify that this leave time donation will not reduce my accrued annual and sick leave balance to less than eighty (80) hours.

Signature of Donor

Date

Acknowledgement of Supervisor/Vice President

Date

Review Summary:

_____ Approved - This application meets all criteria required for donation of annual or sick to the Catastrophic Leave Bank.

_____ Denied - Reason for Denial: _____

Donated time subtracted from Donor's accrued time (See below).

Human Resources Office

Date

Employee's Current Leave Balance		Amount of Leave Donated		Employee's Balance After Donation	
Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave