



Department of Human Resources  
36525 SE Industrial Way  
P. O. Box 547, Sandy, OR 97055-0547  
(503) 668-5541  
(503) 668-7906 fax

### CATASTROPHIC LEAVE DONATION FORM

NAME:            LAST            FIRST            MI

EMPLOYEE ID

DONATION DATE  
(pay period of withdrawal)

PAY SCALE/STEP

Type of Leave to be donated:  
(check & notate number of hours)

CHECK

TIME (whole hours)

Trade Time

\_\_\_\_\_

Sick Leave

\_\_\_\_\_

Compensatory Time

\_\_\_\_\_

I acknowledge that my signature hereon signifies my understanding that the time I have donated is going to a Catastrophic Leave Time Bank for use by any Agency employee granted official Catastrophic Leave benefits by the District's Joint Committee on Catastrophic Leave. I also realize that the time I have donated is final and irrevocable.

Signature of Time Donor

Date

Date/Time Received in HR