UNIVERSITY OF ARKANSAS AT PINE BLUFF
CATASTROPHIC LEAVE BANK PROGRAM
DONOR APPLICATION FORM

1.	Employee:	Complete and sign Part I and forward to your timekeeper. Accrued leave may be donated in one (1) hour increments only.
2.	Timekeeper:	Complete and sign Part II and forward to your Agency/Institution Personnel Officer.
3.	Personnel Officer:	Complete and sign Part III and forward to your Agency/Institution Director/Designee for approval.
4.	Director/Designee:	Sign and return original to Agency/Institution Personnel Officer for processing.

PART I - COMPLETED BY DONOR

Name of Donor (Last, First, Middle Initial)	Position Number	Social Security Number

Agency/Institution: _____

Amount of Annual Leave Hours Donated	Amount of Sick Leave Hours Donated	Total Amount of Leave Hours Donated 0.00

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 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 said agency/institution and I am being compensated on a full-time basis.
3. This leave time donation will reduce my combined Annual and Sick Leave balance to less than eighty (80) hours (except upon termination or retirement.

Signature of Donor	Date

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 AGENCY/INSTITUTION PERSONNEL/PAYROLL OFFICER

Employment Status	Total Leave Hours Donated	Hourly Rate of Pay	Dollar Value of Donation
☐ Full-Time ☐ Retirement ☐ Termination			0.00

Signature of Authorized Agency/Institution Director/Designee	Date
_____	_____