

PART I – COMPLETED BY DONOR

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

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 am a regular full-time employee of ASU Mid-South and I am being compensated on a full-time basis.

This leave time donation will not reduce my combined Annual and Sick Leave balance to less than eighty (80) hours. I understand that my donation makes me a member of the Catastrophic Leave Program

In the event of a catastrophic illness, I must apply to the program and be approved to receive benefits.

Signature of Donor	Date
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PART II-COMPLETED BY CLB RECORD KEEPER

Annual Leave Hours Balance After Donation	Sick Leave Hours Balance After Donation	Effective Date of Balance
Record Keeper's Name	Record Keeper's Signature	Phone Number

PART III – COMPLETED BY ASU Mid-South HUMAN RESOURCES OFFICE

Donor's Employment Status FORMCHECKBOX FULL-TIME FORMCHECKBOX RETIREMENT FORMCHECKBOX TERMINATION	Total Leave Hours Donated	Donor's Hourly Rate of Pay	Dollar Value of Donations
Signature of Human Resources Director		Date	

PART IV – COMPLETED BY ASU Mid-South CLB RECORD KEEPER

Return Original To:
ASU Mid-South Catastrophic
Leave Bank
2000 West Broadway
West Memphis, AR 72301

Credit Date for Donated Leave

Signature of MSCC CLB Record
Keeper

**OFFICE OF ASU MID-SOUTH HUMAN RESOURCES
CATASTROPHIC LEAVE BANK PROGRAM
DONATION OF SICK AND ANNUAL LEAVE**

PLEASE TYPE OR PRINT LEGIBLY