

**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 submit to Human Resources. Accrued leave may be donated in one (1) hour increments only.
2. **Personnel Officer:** Complete and sign Part III and retain in file.

**PART I – COMPLETED BY DONOR**

Name of Donor (Last, First, Middle Initial)		Workday ID Number	
Agency/Institution		Department	
University of Arkansas			
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 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)
Total Sick Leave Donated	Total Annual Leave Donated		Date
Return original to: Human Resources Department Administration Building 222 Fayetteville, AR 72701	Signature of HR Representative		