**Catastrophic Leave Transfer/Donate Request – COVID-19**

***I wish to donate leave and assist a fellow employee who is experiencing medical illness or otherwise impacted by COVID-19.***

|  |  |  |
| --- | --- | --- |
| Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Your Hourly Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Hours to Be Donated (8 Hour Minimum)**

*I understand this is an irrevocable and confidential transaction between me and the person to*

*whom I am donating these hours. I understand that if the hours donated exceed those that are*

*needed by specified employee, my donated hours will be put into a pool or the donation will be*

*returned to me if unused when the emergency declaration ends. I understand that donations will not be processed until they are needed. I hereby authorize the Auditor-Controller to transfer the following amount of hours from my accrued balance:*

|  |  |
| --- | --- |
| Vacation Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sick Leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Personal Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Administrative Leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Annual Leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Comp Time Available:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Recipient Name (leave blank if donating to pool):

Employee Signature: Date: