

**U of A System Division of Agriculture  
 Catastrophic Leave Bank Program  
 Donor Application Form**

Instructions: Complete this form to donate accrued Annual or Sick Leave to the U of A System Division of Agriculture Catastrophic Leave Bank Program.  
 Completed forms should be sent to the Payroll department at [payroll@uada.edu](mailto:payroll@uada.edu) or fax to 501-671-2209.  
 An employee's combined Annual and Sick Leave balance cannot be reduced to less than eighty (80) hours (except upon termination or retirement).  
**Accrued Leave may be donated in one (1) hour increments only.**

Please Type or Print Legibly

<b>Part I - To be Completed by Donor</b>		
Name of Donor (Last, First, Middle Initial)	Position Number:	Employee I.D. Number
Amount of Annual Leave Hours Donated:	Amount of Sick Leave Hours Donated:	Total Amount of Leave Hours Donated:
<b>Certification of Voluntary Donation</b>		
I certify that: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I am an employee of the U of A System Division of Agriculture.</li> <li>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).</li> </ul>		
Signature of Donor:	Position Title:	Date:

<b>Part II - To be Completed by Payroll</b>			
Annual Leave Hours Balance After Donation:	Sick Leave Hours Balance After Donation:	Effective Date of Balance:	
Donation Status: <input type="checkbox"/> Open Donation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination	Total Leave Hours Donated:	Hourly Rate of Pay:	\$ Value of Donation
Signature of Payroll Representative:	Position Title:	Phone Number:	Date:

Credit Date for Donated Leave:	Signature of Catastrophic Leave Bank Representative:
--------------------------------	--