

**REQUEST TO DONATE TO CATASTROPHIC SHARED LEAVE PROGRAM**

**Instructions**

Human Resources is responsible for processing donations, both direct and to the pool, for the Shared Leave Program under [PER 4.19](#). Employees may choose to donate time directly to the pool for use by any approved Catastrophic Leave recipient or directly to a specific employee. Employees may donate up to 24 days of sick leave per year to the pool or to unrelated employees. Employees may donate an unrestricted amount of sick leave to an immediate family member (leave of absence limitations apply). Employees may donate an unrestricted amount of vacation leave. Employees donating leave must maintain a minimum sick leave balance equivalent to two weeks of their regular work schedule; the department timekeeper must certify and sign this request below. You may only donate hours to employees with HR approved leave. Please note, hours not used by a recipient are not refundable and will be donated to the shared leave pool.

**Forward completed forms and attachments to Human Resources, 1980 Arthur Street, Louisville, Kentucky 40208-2770, e-mail to [leaveadm@louisville.edu](mailto:leaveadm@louisville.edu), or fax to 502-852-3264.**

**Donation Form**

**DONATION FROM:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home/Mobile Phone: \_\_\_\_\_

UofL ID#: \_\_\_\_\_

Department: \_\_\_\_\_

**DONATION TO:**

**1. I wish to donate \_\_\_\_\_ vacation hours and \_\_\_\_\_ sick leave hours directly to another employee:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home/Mobile Phone: \_\_\_\_\_ UofL ID#: \_\_\_\_\_

**2. I wish to donate \_\_\_\_\_ vacation hours and \_\_\_\_\_ sick leave hours to the pool.**

**I wish to keep my donation confidential** (check the box to remain an anonymous donor)

**TIMEKEEPER CERTIFICATION**

I certify this employee has accrued enough time to donate the above time to the shared leave program and will maintain a minimum sick leave balance equivalent to two weeks of the employee's regular work schedule.

Timekeeper Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE AUTHORIZATION**

I give UofL permission to remove the above amount of hours from my accrued time and understand the hours are non-refundable; if shared leave hours are not used by the recipient during their approved leave, they will be donated to the pool.

Print Name of Employee: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_