



**.Washington County Catastrophic Leave Bank  
Additional Time Donation**

Please print legible.

Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

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

I hereby give my authorization for the Comptroller's Office to deduct stated hours from my sick leave bank. I understand that approval for use of the bank will be made by the Catastrophic Leave Committee, in accordance with policy guidelines. I certify that I am making this donation entirely of my own free will and not through any attempts to intimidate, threaten or coerce me to donate my sick leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued sick leave. Further, I certify that I am a full-time employee of Washington County, compensated on a full-time basis. I further certify that this leave donation will not reduce my combined Sick and Vacation Leave to less than eighty (80) hours.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Number of Hours Requested to Donate: \_\_\_\_\_

Please Select:

- I would like to designate my hours to be donated to \_\_\_\_\_, who is currently drawing Catastrophic Leave. (Catastrophic Leave rules still apply)
- I do not wish to designate my time to a particular employee, but rather to the Catastrophic Leave Bank.

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To Be Completed By Washington County HR

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Accruals as of January 1: Sick \_\_\_\_\_ Vacation \_\_\_\_\_ Comp \_\_\_\_\_ Combined: \_\_\_\_\_

Amount of time being deducted: \_\_\_\_\_

Combined Balance after donation: \_\_\_\_\_

Has this employee met the eligibility requirements prior to donation? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Approved / Denied

HR Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Timekeeper

\_\_\_\_\_  
Date Recorded in Leave Bank Records

\_\_\_\_\_  
Signature of Recorder

\_\_\_\_\_  
Date Received by Payroll

\_\_\_\_\_  
Signature of Payroll Rep