



DATE: Human Resources Department

SUBJECT: Catastrophic Leave Bank

Per the Catastrophic Leave provisions of the applicable MOU or City regulations governing this matter, I wish to voluntarily donate the following hours to the Catastrophic Leave Bank:

_____	Vacation Leave (199)
_____	Holiday Leave (204)
_____	Compensatory Time Off (201)
_____	Management Leave (200)
_____	Total Hours Donated

I understand that hours in the Catastrophic Leave Bank are for use by employees who have exhausted their sick leave and are suffering from a life threatening or debilitating illness or injury.

Print Name

Signature

Date

C: Finance- Payroll