

**ARKANSAS STATE UNIVERSITY-NEWPORT
CATASTROPHIC LEAVE BANK PROGRAM
DONOR APPLICATION FORM**

- 1. Employee:** Complete and sign Part I and forward to your timekeeper, if applicable. Accrued leave may be donated in one (1) hour increments only.
- 2. Timekeeper:** Complete and sign Part II and forward to Human Resources.
- 3. Human Resources:** Complete and sign Part III and forward to Chancellor or Designee.
- 4. Chancellor/ Designee:** Sign and return original to Human Resources for processing.

PART I – COMPLETED BY DONOR

Name of Donor (Last, First, MI)

Campus Location

Amount of Annual Leave Hours Donated	Amount of Sick Leave Hours Donated	Total Amount of Leave Hours Donated
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CERTIFICATION OF VOLUNTARY DONATION

I certify that:

1. 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. 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.
2. I am a regular full-time employee and I am being compensated on a full-time basis.
3. This leave time donation will not reduce my combined Annual and Sick Leave balance to less than eighty eight (88) hours (except upon termination or retirement).

Signature of Donor	Date
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PART II – COMPLETED BY DONOR'S TIMEKEEPER

Annual Leave Hours Balance After Donation	Sick Leave Hours Balance after Donation	Effective Date of Balance
Timekeeper's Name	Timekeeper's Signature	Phone Number

PART III – COMPLETED BY HUMAN RESOURCES

Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Retirement <input type="checkbox"/> Termination	Total Leave Hours Donated	Hourly Rate of Pay	Dollar Value of Donation
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Signature of Authorized Institution Representative	Date
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