

Model Tool: Catastrophic Leave Program Donation Form

Why you need this form:

Leave-sharing programs must meet certain criteria in order to be valid under the Internal Revenue Service's general tax rules and under various state laws.

How this form helps you:

A leave-sharing program must be in writing and created as a "leave bank" into which employees may deposit donated leave.

How to use this form:

Check with your state law to learn what type of leave may be donated, and adapt this Model Form to suit the specifics of your state and your organization.

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Catastrophic Leave Program
Donation Form

Employee Name: _____

ID#: _____ Date Eligible for Benefits: ____/____/____

I wish to donate the following number of hours to the Catastrophic Leave Program. I understand that this is not a guarantee of future leave availability and that all leave requests are subject to approval and available bank balance.

I have been employed in a benefit eligible position for a minimum of one year and have a minimum combined leave balance of 80 hours.

Time to be donated:

_____ Hours from Sick Leave

_____ Hours from Vacation Leave

Signature: _____ Date: _____

Payroll Use:

Date Received: _____

Balance: Sick _____ Vacation _____

Hours Deducted: _____ Date: _____ By: _____

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