

 **ARIZONA WESTERN COLLEGE**

**REQUEST FOR LEAVE DONATION**

The purpose of leave donation is to provide eligible employees with additional paid leave of time due to catastrophic illness or injury. For more information, please refer to Procedure 435.12.

To request leave donation from the Catastrophic Leave Pool, an employee or designee must complete this form and obtain the appropriate signatures. The completed form should be forwarded to Human Resources for final review and approval. A Certification of Health Care Provider Form must be attached which confirms catastrophic illness or injury and gives an estimated length of time the employee will be absent due to catastrophic illness or injury.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

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

**HUMAN RESOURCES USE ONLY**

Recommendation:

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Human Resources Officer’s Signature and Date

No. of Hours Credited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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