**ARIZONA WESTERN COLLEGE**

**LEAVE DONATION**

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

**Vacation/personal leave hours transferred from:**

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

 Contributor’s Printed Name AWC ID Number

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

Number of Hours

To Be Transferred

**To be credited to the Catastrophic Leave Pool.**

In accordance with the policy and procedures for leave donation, the undersigned requests that a transfer of vacation/personal leave hours from the Contributor to the Catastrophic Leave Pool take place. The payment of donated hours is charged to the department budget account for the recipient.

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Contributor’s Signature and Date

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

Chief Human Resources Officer’s Signature and Date