

**POPE COUNTY CATASTROPHIC LEAVE VOLUNTARY TRANSFER PROGRAM  
Donor Application Form**

EMPLOYEE (Donor) \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

**PART I – Completed by Donor**

**Leave Hours Donated:** \_\_\_\_\_ (Accrued Sick Leave may be donated in one hour increments only with a minimum donation of 8 hours required. **(Not valid without employee signature).**)

**Certification of Voluntary Donation**

I, \_\_\_\_\_ certify that I am making this donation of my own free will and that no attempts have been made by any other employee or supervisor to intimidate, threaten or coerce me to donate my accrued sick leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued sick leave totals. I am a regular full-time employee of Pope County and I am being compensated on a full-time basis. This leave donation will not reduce my combined accrued vacation and sick leave balance below 40 hours. The combined accrued 40 hour leave balance requirement does not apply to employees who are terminating employment.

**Donor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PART II – Completed by Donor Timekeeper & Elected Official**

Leave Hours before Donation \_\_\_\_\_

Leave Hours donated \_\_\_\_\_

Leave Hours remaining \_\_\_\_\_

Employee Hourly Rate of Pay \$ \_\_\_\_\_

Dollar Value of Leave Donation \$ \_\_\_\_\_

Timekeeper Signature \_\_\_\_\_ Date \_\_\_\_\_

Elected Official Signature or Supervisor \_\_\_\_\_

Date

**PART III – Completed by Payroll Department**

Credit Date of Donated Leave to Catastrophic Leave Bank \_\_\_\_\_

Signature of Payroll Deputy \_\_\_\_\_