



UNIVERSITY of WISCONSIN-GREEN BAY

UNCLASSIFIED DONOR AUTHORIZATION FOR CATASTROPHIC LEAVE

Donor Name: _____

UW System Title: _____

Division: _____

Recipient's Name: _____

UW System Title: _____

Division: _____

TYPE AND AMOUNT OF LEAVE TO TRANSFER (In 8-hour increments only)

<u>Type</u>	<u>Maximum Amount Offered</u>
Vacation	_____ Hours
Personal/Floating Holiday	_____ Hours
ALRA	_____ Hours
Total	_____ Hours

I hereby authorize the transfer of these hours to the above named recipient.*

I wish to keep my donation confidential: Yes No

Donor Authorization: _____ Date: _____

(Signature Required)

*The completion of this section will not result in immediate deduction of the maximum number of hours offered by the donor. Its purpose is to provide authorization by the donor for the University to transfer leave out of the account each payroll cycle as needed by the recipient. Each month, the donor will be informed of the total number of hours removed from his/her account following the termination of the recipient's catastrophic leave, or the depletion of the account.

Return completed form to Human Resources