**CATASTROPHIC LEAVE DONOR AUTHORIZATION**

TO BE COMPLETED BY DONOR

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DONOR INFORMATION** | | | | | | | |
| Employee Name: | |  |  | UW Institution: | | |  |
| UW System Title: | |  |  | Department: | | |  |
| Working Title: | |  |  | FTE %: | | |  |
| E-mail address: | |  |  | Supervisor: | | |  |
|  | | | | | | | |
| **RECIPIENT INFORMATION** | | | | | | | |
| Employee Name: | |  |  | UW Institution: | | |  |
| UW System Title: | |  |  | Department: | | |  |
|  | | | | | | | |
| **DONATION** | | | | | | | |
| Type and amount of LEAVE to be transferred *(full hour increments only)* | | | | | | | |
| Vacation: | | |  |  | | | |
| Personal/Floating Holiday: | | |  |  | | | |
| ALRA/Sabbatical: | | |  |  | | | |
|  | | | | | | | |
| I authorize the transfer of the paid leave hours to the above named recipient. | | | | | | | |
| I wish to keep my donation confidential: Yes  No | | | | | | | |
| Employee Signature: |  | | | | Date: |  | |
|  | | | | | | | |
| **FORWARD TO HUMAN RESOURCES FOR PROCESSING** | | | | | | | |