

Belmont University Catastrophic Leave Donation Program

Donor Form

Date: _____ Belmont ID Number _____

Donor's Name: (printed): _____

Donor's Department: _____

1. How many vacation days/hours do you currently have ? _____
2. How many vacation days/hours do you want to donate ? _____

Authorization – Read Carefully

This is to request and authorize Belmont University to deduct the number of days specified from my vacation leave balance and transfer the days(s) to the Catastrophic Leave Bank. I have read and understand the Catastrophic Leave Donation policy. I understand that the transfer of vacation time to the Catastrophic Leave Bank is irrevocable. I also understand that a minimum of one day of vacation leave must be donated in order to qualify for membership in the bank.

Donor Signature _____ Date _____

Manager Signature _____ Date _____

Return the completed form to the Office of Human Resources, Fidelity Hall Suite 426

For Human Resource/Payroll Use Only

Human Resources Approval: _____ Date: _____

Number of Approved Donated Hours: _____