

**Application For Donation
Of Leave
For Catastrophic Illness**

Employee Name(Last, First, Middle)
Social Security Number
Employee Address(Number Street, City, State, Zip)
Employee's Telephone Number Home() Office()
Jurisdiction
Department
Class Current Rate of Pay \$

Having been classified as having catastrophic illness or injury and having exhausted all of my accumulated leave(Vac, SP and CT), I hereby make application for the use of any donated leave available to me.

Date

Employee Signature
(or Authorized Family Member)*

* If family member indicate relationship: _____