

**TOWN OF NORTH HEMPSTEAD CATASTROPHIC LEAVE BANK PROGRAM
DONATION APPLICATION**

Part I – To be completed by employee.

Name: _____ Employee ID# _____

Department: _____ Work Phone _____

Work Address: _____

Work Phone: _____

Donations must be made in day increments. Classified employees donating vacation leave must have at least 7 days accrued vacation leave after the donation is made. Classified and unclassified employees donating sick leave must have at least 15 days accrued sick leave after the donation is made, unless donating at the time of separation from service.

Please indicate the type and amount of leave to be donated:

Vacation Leave Days Donated: _____ (Maximum 2) Accrual deducted _____
HR Dept. Initial & Date

Sick Leave Days Donated: _____ (Maximum 2) Accrual deducted _____
HR Dept. Initial & Date

I understand that my donation is voluntary and confidential. I understand that my leave balance will be decreased by the amount contributed, and that my contribution will not affect my eligibility for sick time buy back. Contributions to the Catastrophic Leave Bank can be made anytime during the year assuming qualifying criteria is met. I have received and read the Town Catastrophic Leave Policy.

Employee Signature

Date

Part II - To be completed by Finance/ Human Resources.

Will the above-named employee's vacation leave balance be below 7 days if the above-mentioned number of vacation days are donated? Yes _____ No _____

Will the above-named employee's sick leave balance be below 15 days if the above-mentioned number of sick days are donated? Yes _____ No _____

Is the donating employee separating from service? Yes _____ No _____ If yes, circle whether terminating, resigning or retiring?

If yes, will the employee be compensated for sick time? Yes _____ No _____

Date leave days deducted from employee timesheet _____

Commissioner of Finance Signature

Date

Part III - To be completed by the Finance/ Human Resources and verified by the Comptroller's Office.

The donating employee's daily rate is _____ X number of days donated _____ = \$ _____

Commissioner of HR Signature Date

Comptroller Signature Date