

UNIVERSITY OF ARKANSAS AT LITTLE ROCK



DEPARTMENT OF
HUMAN RESOURCES

Catastrophic Leave Bank Program Donor Application

Instructions:	Complete this form for donation of accrued annual or sick leave to the University's Catastrophic Leave Bank Program. An employee's accrued annual or sick leave balance cannot be reduced to less than 80 hours. Accrued leave may be donated in no less than one (1) hour increments not to exceed forty (40) hours per calendar year. After completing Part I, forward to the UA Little Rock Payroll Department.				
PART I – TO BE COMPLETED BY DONOR					
Name of Donor (Last, First, Middle Initial)			T Number		Job Title
Department		Department Address or Location		Amount of Leave Donated	
				Annual Leave	Sick Leave
Certification: I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten or coerce me to donate my annual or sick leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued annual or sick leave totals. I further certify that I am a regular, full-time, employee of the University of Arkansas at Little Rock and I am being compensated on a full-time basis. I also certify that this leave time donation will not reduce my accrued annual and sick leave balance to less than eighty (80) hours.					
Signature of Donor				Date	
Acknowledgement of Department Head				Date	
PART II – TO BE COMPLETED BY PAYROLL					
Job Title		Hourly Rate of Pay		Dollar Value of Leave Donation	
Donor's Current Leave Balance		Leave Time Donated		Leave Balance After Donation	
Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave
Signature of Payroll Representative		Date Forwarded to CLBP Committee		Effective Date of Balance	
PART III – TO BE COMPLETED BY CATASTROPHIC LEAVE BANK COMMITTEE					
Application Review Summary: <input type="checkbox"/> This application meets all criteria required for donation of annual or sick leave to the CLBP. Date Request Received: _____ Recommend Approval: <input type="checkbox"/> Date Request Reviewed: _____ Recommend Denial: <input type="checkbox"/>					
State reason for denial:					
Signature of CLBP Committee Chairperson/Designee				Date	
Signature of Chancellor (only if donated hours greater than 40)				Date	