



City of Belfast

Catastrophic Leave Pool Donation Form

To: Nancy Driscoll, Human Resources Administrator Date: _____

From: _____ Emp ID # _____

- I would like to donate the following number of hours as part of the Catastrophic Leave Pool Donation Program.
- I understand that I may donate leave increments of one hour or more.

Type and number of hours to be donated:

- Sick Leave Hours: _____
- Vacation Hours: _____
- Sick Leave Hours: _____
- Comp Time Hours: _____

Total number of hours donated: _____

- Please check here if you would prefer to remain anonymous.

Name of recipient employee: _____

Recipient's Dept: _____

I authorize Human Resources to deduct the above hours from my account and transfer it to the employee named above.

Signature: _____ Date: _____

For HR use only:

Date received in HR: _____ Date data keyed: _____

Leave Credit Deducted from: _____ Pay Period: _____