Department of Health & Human Services
DHHS
NEBRASKA

DONATION FOR CATASTROPHIC ILLNESS LEAVE

To be eligible to donate vacation leave:

1. Time can be donated in 4 hour increments.
2. You must not have solicited nor accepted anything of value in exchange for the donation.
3. You must have remaining to your credit at least 40 hours of accrued vacation leave.

Please note that Rules and Regulations covered employees can only donate vacation time whereas employees under the Labor Contract can donate vacation time as well as accumulated comp time.

Name of Employee you are donating to: _____

Type of donation: ☐ Vacation time ☐ Comp time (contract covered only)

Number of hours donated (must be 4 or over): _____ hours

I understand my vacation leave or comp time balance will be decreased by the number of hours I am donating and that my vacation or comp time leave shall be irrevocably credited to the recipient's sick leave account.

Your Signature _____ Date _____

Please print your name _____

Your Employee ID Number _____

Your Office Location _____

I authorize release of my name and hours donated to recipient only upon request. ☐ **Yes** ☐ **No**

Witness Signature _____

Supervisor's Name/Location _____

Human Resources & Development Use Only

☐ Eligible Position No. _____

Hourly Rate of Donor _____

Verified by HR&D contact _____
Name Date

Original sent to requester HR&D contact _____
Date

☐ Ineligible

Reason: _____

_____

_____

Donated Hours Used _____*
(*All of donated hours may not be used if requested amount has been met and remaining hours would exceed request.)

Verified by _____
Human Resource & Development Contact Date

Copy sent to donor HR&D contact _____
Name Date

Notice sent to Donor of hours used _____
Date

Notice sent to Donor _____
Date