

TOWN OF HEMPSTEAD  
**CATASTROPHIC LEAVE PROGRAM**  
**EMPLOYEE DONATION FORM**

The Town of Hempstead and Civil Service Employees Association (CSEA) Local 880 through the Collective Bargaining Agreement (Section 14.E) have authorized the Catastrophic Leave Donation Program.

Employee contributions made through this program shall be on a strictly voluntary basis.

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**DIRECTIONS:** To donate accrued leave entitlements, please complete the form below and then submit to your Department Head for certification.

I, \_\_\_\_\_, hereby elect to donate the following accrued leave entitlement days from my own earned and accrued leave entitlement bank as indicated below to the following named employee:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Number of accrued leave entitlement days to be donated:

Sick: \_\_\_\_\_ Vacation: \_\_\_\_\_ Personal: \_\_\_\_\_

*(NOTE: Unused donated time will be accrued to the benefit of future employees in need.)*

I, the undersigned employee, understand that my donated accrued leave entitlement days will be deducted from my earned accrued time effective this date and is irrevocable.

Signature of Donating Employee \_\_\_\_\_

Department of Donating Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* THIS COMPLETED FORM MUST BE FORWARDED TO YOUR TIME KEEPER \*\***

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**OFFICIAL USE ONLY:**

DONATING EMPLOYEE HAS SUFFICIENT TIME TO DONATE:      YES      NO

DEPARTMENT TIME KEEPER: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_ Date: \_\_\_\_\_

*(NOTE: Completed forms are to be forwarded to the Catastrophic Leave Committee c/o CSEA Local 880.)*