

MULTNOMAH COUNTY CATASTROPHIC LEAVE DONATION FORM

By completing this form, it is my intent to donate accrued leave hours to:

Name of Recipient Employee (please print)

- I authorize Multnomah County Central Payroll to deduct from my accrued vacation, compensatory (comp) time balance and/or saved holiday* the number of hours indicated below which may be used as catastrophic leave by the recipient named above.
(* NOTE: Local 88 and FOPPO employees can donate saved holiday time, and MCCDA employees can donate personal holiday time).
- I understand hours donated and posted but unused by the recipient as catastrophic leave will be converted to sick and vacation time & deposited in the recipient's sick leave and vacation banks.
- I certify my donation is intended as an irrevocable gift to the recipient employee, is purely voluntary and has been made without coercion, compensation, or for other consideration.
- I understand the dollar value of my donated leave will be calculated and divided by the recipient's hourly rate to arrive at the corresponding number of hours of catastrophic leave available for use by the recipient employee.
- I understand that I may not donate time which I would otherwise forfeit. (Example: Employees who have reached their maximum accrual of vacation or compensatory time hours may not donate such leave until their balance is below the maximum.)
- I understand the deduction from my available leave banks may not take place for one to three pay periods.

DONATED LEAVE:

Vacation	+	Comp Time	+	Saved Holiday	=	TOTAL
_____		_____		_____		_____
<small>whole hour increments only</small>		<small>whole hour increments only</small>		<small>whole hour increments only</small>		<small>whole hour increments only</small>

The Following Information is Required:

Donor's Name (please print): _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Check box if you wish to remain anonymous. <input type="checkbox"/> </div>
Donor's Signature: _____	
Date: _____	Interoffice Address: _____ Day Phone: _____
Donor's Personnel # (located on paycheck stub/deposit advice in top, center box): _____	

When Recipient Employee has been approved for catastrophic leave, send form to Payroll by:
1) Interoffice Mail (503/4/Central Payroll) - OR - 2) Fax to (503) 988-6939.
To prevent duplication, please submit form to Payroll only once.

TO BE COMPLETED BY CENTRAL PAYROLL

Donor employee hourly rate: _____	Donor employee FTE: _____
Donor employee semi-monthly salary: _____	Processed in Central Payroll: _____
Donor employee bargaining unit: _____	By: _____ pp end: _____