



City of Ripon

Catastrophic Leave Program Donation Form

Donor Information

Employee/Donor Name: _____

Department: _____

Check category and enter number of hours to be donated in increments of 1 hour and not to exceed a total of 32 hours.

☐ Vacation: _____

☐ Sick Leave: _____

☐ Comp Time: _____

Recipient Information

Employee/Recipient Name: _____

Department: _____

Acknowledgement

I am a regular full-time employee who has completed the probation period in accordance with the City of Ripon Merit System.

I will maintain accrued sick and vacation leave of at least eighty/(80) hours after deduction of donated time is made.

Once the leave is donated and posted to the Recipient, I irrevocably lose all rights and privileges to the leave hours donated.

Donated leave will be viewed as used and may affect my ability to receive payment for sick leave or vacation time.

I cannot donate any time once I've provided a notice of resignation.

I am donating these hours freely and have not been forced or coerced into doing so.

By signing below I acknowledge all of the above items:

Employee Signature: _____

Date: _____

Please allow one week for processing.

Approvals:

Payroll/HR Technician

Date

City Administrator

Date

For Office Use Only:

Donor ID# _____

Vac (3-00) _____ Beginning Hours _____ Remaining Hours _____

Sick (4-00) _____ Beginning Hours _____ Remaining Hours _____

Comp (9-02) _____ Beginning Hours _____ Remaining Hours _____

Recipient ID# _____

Vac (3-00) Hours Received _____

Sick (4-00) Hours Received _____

Comp (9-02) Hours Received _____

Date Processed: _____

Processed by: _____