



## 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	_____	<b>Recipient ID#</b> _____
Sick (4-00)	_____	Beginning Hours	_____	Remaining Hours	_____	Vac (3-00) Hours Received _____
Comp (9-02)	_____	Beginning Hours	_____	Remaining Hours	_____	Sick (4-00) Hours Received _____
						Comp (9-02) Hours Received _____

**Date Processed:** \_\_\_\_\_

**Processed by:** \_\_\_\_\_