



301 N 4th Street
Black River Falls, WI 54615

CATASTROPHIC LEAVE BANK DONATION FORM

*****RETURN THIS FORM TO THE DIRECTOR OF BUSINESS SERVICES*****

EMPLOYEE NAME: _____

NUMBER OF HOURS TO BE DONATED: _____

Maximum hours are equivalent to two days of employee's regularly scheduled work day (i.e. full-time teachers are 7.25 hrs/day). If employee has accumulated 100 sick leave days, then the additional accumulated days may be donated. If this is an initial deposit, the equivalent of two days of sick leave must be donated to the bank to be an eligible participant.

Today's Date: _____

Employee's Signature: _____

FOR OFFICE USE ONLY:

Date Received: _____ Received By: _____

Added to Bank: _____

Bank Balance After Donation: _____

Deducted from Time Off: _____

Employee's Leave Balance after Donation: _____

Comments: _____