

# Catastrophic Leave-Sharing Vacation Hours Transfer Form

## Policy/Procedure

The Catastrophic Leave-Sharing Program at [COMPANY NAME], offers staff and academic employees an opportunity to support colleagues who are facing their own major health crisis or that of a qualified family or household member. Qualifying situations include:

- The employee's own "serious health condition" as defined by the Family and Medical Leave Act (FMLA);
- The serious health condition of the employee's spouse, parent, child, sibling, grandparent, or grandchild (or in-law or step-relative in one of these relationships); or
- The serious health condition of a member of the employee's household.

An employee does not need to be on leave under FMLA in order to receive donations through the Catastrophic Leave-Sharing Program; however, the employee must provide appropriate medical confirmation that the illness qualifies as "serious" as defined by the FMLA.

## To Qualify as a Donor or Recipient

**A Donor:** must be in a position which allows the accrual of paid time off, must have passed any waiting period to use paid time off, and must have sufficient vacation accrued prior to making the donation. Initial donations must be in increments of eight hours; subsequent donations may be in any amount of whole hours.

**A Recipient:** must be in a position that accrues paid time off, must have passed any waiting period to use paid time off, and must have exhausted all paid leave earned pursuant to the applicable policies covering paid time off.

## Instructions

Submit one form per recipient, attaching additional pages as needed. Forward the completed and signed form to Human Resources.

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### CONFIDENTIAL

The donated hours will be recorded as paid time off usage for:

Pay period end date: \_\_\_\_\_  
mm/dd/yyyy

Name of Donor(s)	Employee ID of Donor(s)	Donated Vacation Hours

Name of Recipient	Employee ID of Recipient	Vacation Hours Received

### Prepared by

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

### Department Head or Designee

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Department \_\_\_\_\_