IOWA STATE UNIVERSITY
University Human Resources
Donated Leave for Catastrophic Illness
Employee Contributions

Part A: To Be Completed by the Donating Employee

• Donor's Name (please print): ___________________________________________________________

• Donor's University ID No: ____________________________________________________________

• Donor’s Base of Employment: Faculty (A Base Only) ______ Professional & Scientific ______
  Supervisory/Confidential Merit ______ Organized Merit ______ K-Base ______ Board of Regents ______

• Donor’s Department: _________________________________________________________________

• Number Hours Donated (full hours only): Vacation _______ Converted Sick Leave ______

• Name of Recipient (please print): ______________________________________________________

I understand this contribution of my accrued annual leave (vacation) or converted sick leave is irrevocably
pledged to the Recipient. I also understand the donated hours will be deducted from my leave balance
when applied to recipient leave record. If the hours are no longer needed by the Recipient, the hours are
no longer considered pledged to the Recipient.

_________________________________________                                   ________________________
Signature of Donating Employee                                    Date

Part B: To Be Completed By Employee’s Department

• Department Contact Name: _____________________________________________________________

• Authorized Department Signature _____________________________________________________

Please forward completed form to the Recipient's Departmental Office.

Recipient’s Department should forward this completed form to:

University Human Resources, Benefits Office
3810 Beardshear, 515 Morrill Road
Ames IA 50011

OR

email to benefits@iastate.edu