Iowa State University
University Human Resources
Donated Leave for Catastrophic Illness
Immediate Family Member
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 and Scientific _____
  Supervisory or 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 the 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