IOWA STATE UNIVERSITY
UNIVERSITY HUMAN RESOURCES

DONATED LEAVE FOR CATASTROPHIC ILLNESS
Immediate Family Member
NOTICE FOR REQUEST

DEFINITION – “Catastrophic Illness” means a physical or mental illness or injury, of an immediate family member (the employee’s spouse/partner, parent, son or daughter, as defined in the Family and Medical Leave Act of 1993), as certified by a licensed health care provider that will result in the inability of the employee to report to work for more than 30 work days due to the need to attend to the immediate family member on a consecutive basis.

_________________________________________________________________________ employed by ________________________________

(Recipient Name) (Department Name)

has met all of the eligibility criteria to receive donated leave hours (vacation or vacation credit) for the care of his/her immediate family member.

If you want to donate vacation/vacation credit leave to ________________________________

(Recipient Name)

follow these steps in Workday:

• Click on Requests
• Create Request
• Request Type: Donate Catastrophic Leave to Employee

NOTE: This announcement will remain posted for as long as the recipient qualifies to receive donated leave (vacation leave or vacation credit leave).