Department Shared Administrative Services
Office of Personnel Management
Catastrophic Leave Bank Program Donation of Leave

Instructions

1. **Employee:** Complete and sign Part I and forward to your timekeeper. Accrued leave may be donated in one (1) hour increments only.
2. **Timekeeper:** Complete and sign Part II and forward to your Human Resources Official.
3. **Human Resources Official:** Complete and sign Part III and forward to Department Secretary/Designee for approval.
4. **Director/Designee:** Sign and return original to HR Official for processing.
5. **Human Resources Official:** Process and submit approved form to OPM.

Part I - Completed By Donor

Name of Donor (Last, First) _____ Personnel # _____

Name of Agency _____ Agency # _____ Position # _____

Annual Leave Hours Donated ☐ Sick Leave Hours Donated ☐ Total Leave Hours Donated ☐

Certification of Voluntary Donation

I certify that:

1. I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate my leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued annual or sick leave totals.
2. I am a regular full-time employee or part-time employee of said agency and I am being compensated on a full-time or part-time basis.
3. This leave time donation will not reduce my combined annual and sick leave balance to less than eighty (80) hours (except upon termination or retirement.)

Signature of Donor _____ Date _____

Part II - Completed by Donor's Timekeeper

Annual Leave Balance After Donation ☐ Sick Leave Balance After Donation ☐ Date of Balance _____

Timekeeper's Name _____ Signature _____ Phone # _____

Part III - Completed by HR Official or Designee

Total Leave Hours Donated ☐ Donor's Hourly Rate of Pay ☐ Dollar Value of Donation ☐

Donor's Employment Status ☐ Full-Time ☐ Part-Time ☐ Retirement ☐ Termination

Signature of HR Official or Designee _____ Date _____

Part IV - Department Secretary or Designee Approval

Signature of Department Secretary or Designee _____ Date _____

Part V - HR Official or Designee Processes and Submits to OPM

Reviewed and Recorded by OPM - CLB Coordinator or Designee

Signature of CLB Coordinator/Designee _____ Credit Date for Donated Leave _____

AASIS Participating Agencies: Key donation and provide form to the OPM Catastrophic Leave Bank.
Service Bureau Agencies: Forward form to OPM for keying donation.

OPM Catastrophic Leave Bank
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