

**WEBSTER COUNTY
DONOR CONTRIBUTION FOR CATASTROPHIC ILLNESS**

DONOR COMPLETES AND SENDS TO RECIPIENT'S DEPARTMENT HEAD.

RECIPIENT OF VACATION LEAVE DONATION:

Name of Employee:
Department:
Recipient's Department Head:

EMPLOYEE DONATING VACATION LEAVE:

Name of Employee:
Number of Vacation Hours Contributed:
Department:
Donor's Department Head:

<i>/ understand that once credited this donation of my accrued vacation leave is irrevocable and cannot be undone or changed.</i>	
Signature of Donating Employee:	Date:

TO BE COMPLETED BY RECIPIENT'S DEPARTMENT HEAD

Last date recipient worked:	Leave donations credited in pay period(s) beginning:
Date form received:	Time form received:
Recipient SSN:	Recipient's Employee No.
Donor SSN:	Donor Employee No.
Signature of recipient's department head:	