**State of Iowa**

DEPARTMENT OF ADMINISTRATIVE SERVICES – HUMAN RESOURCES ENTERPRISE

### DONATED LEAVE FOR CATASTROPHIC ILLNESS

**IMMEDIATE FAMILY MEMBER**

# TRACKING

|  |  |
| --- | --- |
| **Department:** |       |
|  |
| **Pay Period Date: FROM** |       | TO |       |

**RECIPIENT OF ANNUAL LEAVE (VACATIONS) DONATIONS:**

|  |  |
| --- | --- |
| **NAME:** |       |
|  |  |
| **PAYROLL #:** |       |
|  |  |
| **LAST FOUR # of SOCIAL SECURITY** |       |
|  |  |
| **BI-WEEKLY PAY:** |       | **HOURLY PAY:** |       |
|  |  |  |  |
| **TOTAL ANNUAL LEAVE (VACATION) RECEIVED:** |       |
|  |  |
| **# OF HOURS** |       | **X HOURLY PAY:** |       | **= $** |       |

**EMPLOYEES DONATING ANNUAL LEAVE (VACATION):**

| **NAME** |  | **NUMBER OF****HOURS****DONATED** |  | **$ AMOUNT** |
| --- | --- | --- | --- | --- |
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