



**Department of  
Administrative Services**

*Empowering People  
Collaboration  
Customer Service*

## **DONATED LEAVE FOR CATASTROPHIC ILLNESS (REQUEST TO POST)**

**Definition: "Catastrophic Illness" means a physical or mental illness or injury, as certified by a licensed provider (MD, DO, PA, ANRP, or Psychiatrist), resulting in the inability of the employee to work for more than 30 work days on a consecutive or intermittent basis.**

\_\_\_\_\_, employed by \_\_\_\_\_  
(Recipient) (Department)

has met all of the eligibility criteria to receive donated leave hours. If you want to donate vacation leave hours to

\_\_\_\_\_  
(Recipient)

**If you use Workday, please make your donation in Workday. A SmartGuide is available to assist you.**

If your agency does not use Workday, please request the *Donated leave for Catastrophic Illness form* from:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)