**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** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |