



**Department of
Administrative Services**

*Empowering People
Collaboration
Customer Service*

DONATED LEAVE FOR CATASTROPHIC ILLNESS (FOR IMMEDIATE FAMILY MEMBER 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 for the care of his or her immediate family member. 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)