University of Wisconsin - Extension
Unclassified Donor Authorization for Catastrophic Leave

Donor Name: _____

Title: _____ Division/Unit: _____

Work Address: _____

City _____ State _____ Zip _____

Work Telephone: _____

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Recipient Name: _____

Title: _____ Division/Unit: _____

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Type and Amount of Leave to Transfer
(Full day increments only. Sick leave may not be donated.)

Vacation	_____	Day(s)*
Floating holiday	_____	Day(s)
Annual leave reserve account	_____	Day(s)

* One day equals 8 hours leave time

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Donor Authorization

_____ You may release my name to the recipient upon request.
_____ I wish to remain anonymous.

I hereby authorize the transfer of the specified leave to the recipient named above.

Signature: _____ Date: _____

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Return completed form to UWEX Payroll Office, 432 N. Lake, Madison, WI 53706