



**Central County Fire
Department
Catastrophic Leave Donation
Form**

Employee making donation:

Number of hours of leave being donated:
Minimum of 4 hours

Type of leave being donated:
Vacation, Comp Time, Holiday Leave

Date of donation:

Person receiving donated hours:

My signature below acknowledges that I have read the Catastrophic Leave Donation section of the MOU and understand that I lose all rights and privileges to the leave hours donated.

Signed

Date

Approvals:

_____ Human Resources

_____ Fire Chief