

**CARLETON COLLEGE
CATASTROPHIC LEAVE SHARING PROGRAM (CLSP)
DONATION FORM**

Staff Member (Contributor) Donating Sick Leave:

Name: _____

Social Security #: _____

Campus Address: Department _____

Bldg. & Room # _____

Number of Sick Leave hours _____ donated to CLSP.
(Total not to exceed 16 hours)

Sick Leave hours donated to the Catastrophic Leave Sharing Program shall be irrevocably credited to the CLSP account.

Signature of contributor: _____

Date signed: _____

Human Resources Verification:

- _____ Staff member has minimum of 88 hours (11 days) of unused sick leave hours and will retain a minimum balance of 80 hours (10 days) for his/her personal use. (Hours prorated by FTE.).

PLEASE RETURN THIS FORM TO:
Human Resources, Strong House by January 17.