CARLETON COLLEGE
CATASTROPHIC LEAVE SHARING PROGRAM (CLSP)
DONATION FORM

Staff Member (Contributor) Donating Sick Leave:

Name: ________________________________________________________________
(Please print)

Department ________________________________________________

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.

PLEASE RETURN THIS FORM TO:
Human Resources, Strong House (5-STRONG) by January 14.

1/22/2009