## NOTICE OF INTENT TO DONATE LEAVE

| Date:                              | Employee:   |                             | Employee ID#:               |                      |
|------------------------------------|---|-----------------------------|-----------------------------|----------------------|
| Agency:                            | Division:   |                             | Budget Account:             | PC#:                 |
| Class Code:                        | Job Title:  |                             | Grade:                      | Hourly Rate:         |
| I hereby declare my                | / intent to donate leave to a catastrophic leave                              | account as follows:         |                             |                      |
| hours to n                         | ny agency's general catastrophic leave bank                                   |                             |                             |                      |
| hours to the                       | ne catastrophic leave account for use by:                                     |                             |                             |                      |
| R                                  | ecipient's name:  |                             | _ Agency:                   |                      |
| Leave is to be dedu                | cted from my account as follows:  |                             |                             |                      |
| hours of annual leave hours of sic |   | ck leave                    | hours of special sick leave |                      |
|                                    | my identity as a donor shared with the recipie                                |                             | _                           |                      |
|                                    | sufficient leave balances to make this election nation in this calendar year. | and that I will not by this | s authorization exceed t    | he 120-hour          |
| Donor's Signature                  | Date  | Appointing Authority        |                             | Date                 |
|                                    | ppointing Authority, Recipient's Appointing Authority                         |                             |                             |                      |
| ************                       | **************************************  |                             |                             | ********             |
|                                    | _   | TRANSFER LEAVE              |                             |                      |
|                                    | ve notice fromatastrophic leave account for:                                  | , it is req                 | uested that ho              | urs of leave be      |
| Date:                              | Employee:   |                             | Employee ID#:               |                      |
|                                    |   |                             | . ,                         |                      |
| Agency:                            | Division:   |                             | Budget Account:             | PC#:                 |
| Class Code:                        | Job Title:  |                             | Grade:                      | Hourly Rate:         |
| The leave is to be to              | ransferred as follows:  |                             |                             |                      |
|                                    | annual leave hours of sic   | ck leave _                  | hours of specia             | al sick leave        |
| Recipient's Appointin              | g Authority   |                             | <br>Date                    |                      |
| Distribution: Donor, Do            | onor's Appointing Authority   |                             |                             |                      |
| ********                           | 中部旅游水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水                                      | ************                | **********                  | *******              |
|                                    | NOTICE OF RETURN OF   | EXCESS DONATE               | ED LEAVE                    |                      |
| Pursuant to NRS 28                 | 34.3621, hours of leave donated by  |                             | were in excess of           | f the amount of      |
| catastrophic leave a               | approved for use by   | and must b                  | e restored to the donor's   | s account as follows |
| hours of annual leavehours of sic  |   | ck leave _                  | hours of specia             | al sick leave        |
| Recipient's Appointin              | g Authority   |                             | Date                        |                      |
| Distribution: Donor, Do            | onor's Appointing Authority   |                             |                             |                      |

## INSTRUCTIONS FOR THE COMPLETION OF THE CATASTROPHIC LEAVE FORM

NOTICE OF INTENT TO DONATE LEAVE: This section must be completed by the employee who wishes to donate hours to an account for catastrophic leave for use by a particular employee who has been approved to use them. It may also be used by an employee who wishes to donate leave to his agency's general leave bank. In accordance with NRS 284.3621, an employee may not donate any sick leave hours to a catastrophic leave account if the balance in his sick leave account after the transfer is less than 240 hours. Leave must be donated in increments of 8 hours up to a maximum of 120 hours in any one calendar year.

The employee shall submit the completed form to his appointing authority or designated representative for approval. The donor's appointing authority shall verify the accuracy of the information on the form, verify the employee's leave balances, and certify that the donation does not exceed the 120-hour maximum. Upon verification, the donor's appointing authority shall sign the completed form and if the donation is specifically designated for use by a particular employee, forward a copy of it to the recipient's appointing authority.

**REQUEST TO TRANSFER LEAVE:** This section must be completed by the recipient's appointing authority or designated representative when leave hours specifically designated for use by a particular employee are needed. The completed request to transfer leave must be submitted to the donor's appointing authority to effect transfer of leave hours from the donor's account to the recipient's account. A copy must also be forwarded to the donor as notification that donated leave hours have been transferred.

In accordance with NAC 284.576, if more than one notice of intent to donate leave is received by the recipient's appointing authority on behalf of the recipient, the notices must be maintained in chronological order and used, one at a time as needed, according to the date in which the notices were received.

NOTICE OF RETURN OF EXCESS DONATED LEAVE: This section must be completed by the recipient's appointing authority to return leave to the donor's account when leave transferred to the recipient's account is in excess of the amount approved for use or needed by the recipient. A copy of the completed form must be forwarded to the donor's appointing authority to effect the return of excess leave to the account from which it originated. A copy must also be forwarded to the donor as notification that leave hours are being returned.

In accordance with NRS 284.3621, leave transferred in excess of the amount approved for use or needed by a particular employee must be returned to the employee's account from which it originated. Any hours of annual or sick leave which are transferred from an employee's account to the account for catastrophic leave and not designated for use by a particular employee may not be returned or restored to the originating employee. NAC 284.576 requires that excess leave which is specifically designated for use by a particular employee be restored to the account of the donor within 30 working days after the last day on which the recipient was eligible to receive catastrophic leave.