A71.100

ARKANSAS FORESTRY COMMISSION
CATASTROPHIC LEAVE BANK PROGRAM
DONOR APPLICATION FORM
Authorized by A.C.A. 21-4-214 et. seq.

PLEASE TYPE OR PRINT LEGIBLY

INSTRUCTIONS

1. **Employee:** Complete and sign Part I and forward to your timekeeper.

2. **Timekeeper:** Complete, sign Part II and forward to AFC Human Resources Administrator (fax: 501/312-7051 – Mail original)

PART 1 – COMPLETED BY DONOR

Name of Donor (Last, First, Middle Initial) | AASIS # | Position Number | Social Security Number

Agency: Arkansas Forestry Commission

Amount of Annual Leave Hours Donated | Amount of Sick Leave Hours Donated | Total Amount of Leave Hours Donated

CERTIFICATION OF VOLUNTARY DONATION

I certify that:

1. I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten or coerce me to donate my Annual or Sick Leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued Annual or Sick Leave totals.
2. I am a regular full-time employee of said the Arkansas Forestry Commission and I am being compensated on a full-time basis.
3. This leave donation will not reduce my combined Annual and Sick Leave balance to less that eighty (80) hours (except upon termination or retirement).

Signature of Donor | Date

PART II – COMPLETED BY DONOR'S TIMEKEEPER

Annual Leave Hours Balance After Donation | Sick Leave Hours Balance After Donation | Effective Date of Balance

Timekeeper's Name | Timekeeper's Signature | Phone Number

PART III – COMPLETED BY AFC PERSONNEL/PAYROLL OFFICER

Employment Status | Total Leave Hours Donated | Hourly Rate of Pay | Dollar Value of Donation

- ☐ FULL-TIME
- ☐ RETIREMENT
- ☐ TERMINATION

Signature of Authorized Agency/Institution Representative/Designee | Date

PART IV – COMPLETED BY AFC PERSONNEL

Credit Date for Donated Leave | Signature of AFC CLB Recordkeeper

Return Original To:
AFC Catastrophic Leave Bank
#1 Natural Resources Drive
Little Rock, AR 72205