



Albuquerque Public Schools
Catastrophic Illness Donation Form

CSE, CSN, ESE, ESN, MSE, MSN, PSE, PSN, SPE, Management and Technical Support are eligible to donate to or receive from this program. For purposes of this procedural directive, an employee who is not covered by a negotiated agreement (ATF, AESS, ASCA, SWC M & O, EPOA, CWA Food Services) may be eligible to donate or receive.

Definition of “catastrophic illness or injury” means an illness or injury which results in requiring a level of care and treatment beyond what could be provided without assistance.

Donor’s Name _____

Donor’s Employee ID Number _____

Donor’s Pay Schedule (PSN, SPE, etc.) _____

Donor’s Department _____

Number of hours to be donated (you must retain a minimum of five (5) days of annual leave)

Annual _____ Personal _____

Recipient’s Name _____

Recipient’s Employee ID Number _____

I understand that this contribution of my accrued personal and/or annual leave is irrevocable. I also understand that leave could be transferred as of the date of my signature.

Donor’s Signature

Date

Please forward completed form to: Extended Leaves Office
Alice and Bruce King Educational Complex, Suite 210 East Tower
or Fax to (505) 884-0536