



**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