

**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 Personnel Manager (fax: 501/296-1973 – Mail original)

**PART I – COMPLETED BY DONOR**

Name of Donor (Last, First, Middle Initial)	AASIS #	Position Number	Social Security Number
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Agency: **Arkansas Forestry Commission**

Amount of Annual Leave Hours Donated	Amount of Sick Leave Hours Donated	Total Amount of Leave Hours Donated
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**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 than 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
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Timekeeper's Name	Timekeeper's Signature	Phone Number
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**PART III – COMPLETED BY AFC PERSONNEL/PAYROLL OFFICER**

Employment Status	Total Leave Hours Donated	Hourly Rate of Pay	Dollar Value of Donation
<input type="checkbox"/> FULL-TIME			
<input type="checkbox"/> RETIREMENT			
<input type="checkbox"/> 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**  
3821 West Roosevelt Road  
Little Rock, AR 72204-6396