

## **MAJOR DISASTER LEAVE DONATION FORM**

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Current Sick Leave Balance: \_\_\_\_\_ Hours

I would like to voluntarily donate \_\_\_\_\_ Sick Leave hours to the Pepperdine University Major Disaster Leave bank. I understand this leave will be provided to an employee who is approved to receive leave from the bank.

I authorize \_\_\_\_\_ hours to be deducted from my Sick Leave balance.

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

Christine Hannick  
Total Compensation Specialist  
Human Resources  
Pepperdine University  
Malibu, CA 90263  
310.506.7358  
christine.hannick@pepperdine.edu