

# MAJOR DISASTER LEAVE DONATION REQUEST FORM

Date of Request: \_\_\_\_\_

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

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

Supervisor Name: \_\_\_\_\_

Number of Sick Days requested: \_\_\_\_\_

Reason for request for donated Sick Days:

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Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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Human Resources Approval \_\_\_\_\_ Date \_\_\_\_\_

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Processed By \_\_\_\_\_ 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