



**The University of Southern Mississippi  
Department of Human Resources**

\_\_\_\_\_  
Date

I, \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Donor EmplI donate these hours to be used by the recipient employee for the catastrophic injury or illness involvir  
recipient employee or his/her immediate family requiringthe services of a licensed physician for an extended period  
of time and that has forced the recipient employee to exhaust all leave time earned by that employee resulting in a  
loss of compensation. I understand that if the total amount of leave I have donated is not used by the recipient  
employee, the donated leave will be returned to me on a pro-rata basis, based on the ratio of the number of days of