



**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