

Request to Participate in the Catastrophic Leave Donation Program (CLDP)

Employee Name: _____ Bargaining Unit: _____ CLDP Eligibility Period: _____

OPTION 1: Employee's Medical Leave

- Eligible for NonIndustrial Disability Insurance (NDI) program (CalPERS Member)
- Not Eligible for NDI

Requirements:

- a. Make an appointment with Human Resources at 278-2032 to discuss leave process. NDI application must be filed if eligible for NDI.
- b. All leave credits must be exhausted.
- c. Requests must be supported by physician's statement documenting the need for a leave and the estimated duration of the leave. The physician's statement should not identify a diagnosis or medical condition.
- d. Employee must be fully incapacitated to receive Catastrophic Donated Leave.

Duration:

Once all your leave credits have been exhausted, you may request participation in the CLDP program for up to three (3) months. The President Designee, the AVP of Human Resources, will review your request for Catastrophic Leave for up to 3 months. Each month, any CLDP donations provided will be paid on your Fresno State pay warrant - Payroll Services (559) 278-3960. Employee may provide a written request for an additional three (3) months participation.

NOTE: If eligible for NDI, the NDI benefit maximum is approximately six (6) months with physician's approval and authorization by Employment Development Department (EDD).

By signing below, I am requesting participation in the Catastrophic Leave Donation Program which will supplement any approved Non-Industrial Disability payments, if applicable.

X _____
* Employee's Signature Fresno State ID # Date

* If the employee is unable to sign, and employee's eligible family member can request participation in CLDP.

OPTION 2: Care for Eligible Family Member Leave

Employee requesting participation to care for eligible immediate family member with catastrophic illness or injury.

Requirements:

- a. Make an appointment with Human Resources at 278-2032 to complete the necessary leave form(s).
- b. Requests must be supported by physician's statement documenting the need for a leave and duration of the leave. The physician's statement should not identify a diagnosis or medical condition.
- c. All leave credits must be exhausted.

Duration:

Once all your leave credits have been exhausted, you may request participation in the CLDP program for up to three (3) months. The President Designee, the AVP of Human Resources, will review your request for Catastrophic leave for up to 3 months. Each month, any CLDP donations provided will be paid on your Fresno State pay warrant - Payroll Services (559) 278-3960. Employee may provide a written request for an additional three (3) months participation.

After exhaustion of Catastrophic Leave program an employee may request a full or partial Leave of Absence without Pay. The request must be made to your appropriate administrator and forwarded to the AVP of Human Resources for final approval. *NOTE:* Each month, your actual pay will reflect the CLDP voluntary donations from Fresno State employees.

By signing below, I am requesting to participate in the Catastrophic Leave Donation Program (CLDP) to care for an eligible family member who has a catastrophic illness/injury.

X _____
Employee's Signature Fresno State ID # Date

Request for Catastrophic Leave Donation Program (CLDP)

Employee Name: _____

Manager's Recommendation for participation in the Catastrophic Leave Donation Program

Initial CLDP Eligibility Period (up to 3 months): _____

The above-named employee has requested participation in the Catastrophic Leave Donation Program (CLDP); either through Option 1 (self) or Option 2 (eligible family member). CLDP is used to bring an employee's salary up to full pay. The purpose of CLDP is to supplement any disability benefits for which an employee is eligible. Supplemental refers to the use of donated leave credits to augment an employee's disability benefits so he/she may receive his/her full net pay. All available leave credits for this recipient employee must be exhausted before donations may be used as supplementation.

Recommend Not Recommended: _____

Name of Appropriate Administrator/Dean Administrator's Signature Date
Approval for Initial Participation in the Catastrophic Leave Donation Program

The employee listed on page one has requested participation in the Catastrophic Leave Donation Program (CLDP); either through Option 1 or Option 2. CLDP is used to bring an employee's salary up to full pay. The purpose of CLDP is to supplement any disability benefits for which an employee may be eligible. Supplemental refers to the use of donated leave credits to augment an employee's disability benefits so he/she may receive his/her full net pay. All available leave credits for this recipient must be exhausted before donations may be used as supplementation. **If approved, the leave period shall not exceed three (3) months calculated from the first day catastrophic leave donations are needed.**

Approved Denied--Reason for Denial: _____

Signature of Associate Vice President of Human Resources Date

Human Resources Use Only: Copy to Payroll Services _____ Employee: _____ E-mail to Union: _____ E-mail for C99/M80: _____

Approval to Extend Participation in the Catastrophic Leave Donation Program

Request to EXTEND CLDP Eligibility Period (up to 3 months): _____

A written request for an additional three (3) months of participation in the Catastrophic Leave Donation Program was received by Human Resources from the above-named employee on _____.

The total donated leave credits shall not exceed an amount necessary to continue the employee for three (3) calendar months calculated from the first day of catastrophic leave. Approval to extend Catastrophic leave may be granted for an additional three-month period in exceptional cases.

Approved Denied--Reason for Denial: _____

Signature of Associate Vice President of Human Resources Date

Human Resources Use Only: Copy to Payroll Services _____ Employee: _____ E-mail to Union: _____ E-mail for C99/M80: _____