

Request for Catastrophic Leave Donation Program (CLDP)

Employee Name: _____ Bargaining Unit: _____

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: _____