



Catastrophic Leave Donation Program
Human Resources/ Payroll Services

To: PAYROLL SERVICES, M/S JA 110

Name of Employee Donating Leave: _____ Phone: _____

Employee ID: _____ Bargaining Unit Number: _____

Department Name: _____

I would like to donate the following number of hours to the employee (named below) participating in the **CSU Catastrophic Leave Donation Program**.

I understand that I may donate up to the maximum number of sick and/or vacation leave credits for my Bargaining Unit **per fiscal year**. Leave credits may be donated in increments of one hour or more. The recipient employee must have exhausted all available leave credits before actual transfer of my credits.

<u>Bargaining Unit</u>	<u>Leave Credit Donation Maximum</u>
Units R01 (UAPD), R11 (UAW-TA's only)	16 hours of leave credits per fiscal year
Units R02, R05, R07, R09 (CSUEU), R03 (CFA), R04 (APC), R06 (SETC), R08 (SUPA), C99 (Confidential), MPP, M80 (Management), M98 (Executive)	40 hours of leave credits per fiscal year

Name of recipient employee: _____

Type and number of hours to be donated:

- Sick Leave hours (for employee illness): _____
- Vacation hours (for employee illness or FMLA to care for a family member): _____
- Total number of hours donated: _____

Please check here if you would like the recipient to know the hours you are donating.
Please check here if you would prefer to remain anonymous.

I understand that the hours I donate will be transferred to the employee named above.

Signature: _____ Date: _____

Submit to: Payroll Services
Catastrophic Leave Donation Program
JA 110