



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>
R11 (UAW-TA's only)	16 hours of leave credits per fiscal year
Units R01 (UAPD), 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