



HUMAN RESOURCES
MANAGEMENT

Catastrophic Leave Program

Recipient

Name: _____ Position Type (Please Select): Staff Faculty

Department/School: _____

Donor

Name: _____ Employee ID #: _____

Bargaining Unit _____ Department/School: _____

Leave Hours Donated:

_____ Sick Leave Hours

_____ Vacation Leave Hours

Catastrophic Leave Maximum Donation Limits	
Employee Category	Maximum Donation Hours
Academic Student Employees- (Unit 11 - TAs Only)	16
Physicians (R01), CSUEU (Unit 2,5,7,9) Faculty (Unit 3) Academic Support (Unit 4) Skilled Crafts (Unit 6) Public Safety (Unit 8) Confidential (C99) Management Personnel Plan (MPP) (M80) Executives (M98) Excluded (E99)	40

I agree to donate the leave hours indicated above, not to exceed 40 hours (depending upon bargaining unit) in a fiscal year from my accrued leave credits for use by the Recipient who has suffered a catastrophic disability.

Donor's Original Signature: _____ ext. _____ Date: _____

PAYROLL USE ONLY

Recipient's ID #: _____

Hours Required: _____ Hours Accepted: _____ Sick Leave: _____ Vacation Leave: _____
Recipient's Leave accruals for use as noted above.

Payroll Services: _____ Date: _____ Received: _____

Leave Record's Noted: _____ Recipient _____ Donor

Copies: _____ Donor _____ Timekeeper _____ Human Resources Mgmt. _____ Faculty Affairs