

TO: Payroll Office, Human Resources

Date:

FROM:

Employee ID #:

- I would like to donate the following number of hours to the employee named below as part of the **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. Leave credits may be donated in increments of one hour or more

<u>Employee Category</u>	<u>Maximum Donation Hours</u>
Academic Support (R04)	40
Confidential (C99)	40
CSUEU (R02, R05, R07, R09)	40
Excluded (E99)	40
Executives (M98)	40
Faculty (R03)	40
Management Personnel Plan (M80)	40
Operating Engineers (R10)	40
Physicians (R01)	16

Name of recipient employee: \_\_\_\_\_

Recipient's Department: \_\_\_\_\_

Type and Number of hours to be donated:

 Sick Leave Hours: \_\_\_\_\_ Vacation Hours: \_\_\_\_\_

Total Number of Hours Donated: \_\_\_\_\_

 Please check here if you would prefer to remain anonymous***I authorize Human Resources to deduct the above hours from my account and transfer it to the employee named above.***\_\_\_\_\_  
Signature**FOR HR USE ONLY:**

Date received in HR: \_\_\_\_\_ Date keyed: \_\_\_\_\_

Leave Credit Deducted from: \_\_\_\_\_ Pay Period