



CALIFORNIA STATE UNIVERSITY, STANISLAUS

HUMAN RESOURCES

CATASTROPHIC LEAVE DONATION PROGRAM
REQUEST FOR PARTICIPATION

ELIGIBILITY CRITERIA:

- 1. Employee accrues sick leave and/or vacation leave credits; and
2. Employee has exhausted all his/her own leave credits (vacation, sick leave, CTO, Personal Holiday); and
3. Disability is due to a Catastrophic Illness/Injury which has totally incapacitated employee from work; and
4. Medical Certification of Disability is attached to the request, or employee has applied for NDI.

Participation requested by:

Employee Family Member Representative

Employee Illness/Injury Family Member Illness/Injury

meet the eligibility criteria s stated above.

Print/Type Name of Employee

The treating physician’s medical certification of disability is attached to this request, or employee has applied for NDI, and meets the definition of catastrophic illness/injury as stated above.

is requested to solicit University employees for the donation of Leave credits.

Department

Signature: Employee/Family Member/Representative

Date:

Forward to the Human Resources Department with completed Medical Certification of Disability

HUMAN RESOURCES USE ONLY:

I certify above employee is eligible to receive donated leave credits as part of the Catastrophic Leave Donation Program, effective , through

Signature: Director of Human Resources

Date:

Distribution is made by the Human Resources Department
Original: Human Resources; Copies: Employee, Department, Payroll Department

PAYROLL USE ONLY:

donated leave credits will supplement employee’s NDI IDL TD -OR-
donated leave credits will continue employee on full catastrophic leave donation