



Catastrophic Leave Donation Program

Recipient: Recipient Department:

The identified recipient has been determined eligible to receive donated sick leave and/or vacation leave benefits. The following are the maximum hours that may be donated per fiscal year;

Donor Employee Category	Maximum Hours
Unit 1 (UAPD)	40
Units 2, 5, 7, 9 (CSUEU)	40
Unit 3 (CFA)	40
Unit 4 (APC)	40
Unit 6 (Teamsters)	40
Unit 8 (SUPA)	40
Unit 10 (IUOE)	40
Unit 11 (UAW) *Teaching Associates Only	16
Confidential (C99)	40
Management Personnel Plan (M80)	40
Executive (M98)	40
Excluded (E99)	40

Should you wish to donate, please complete the following form and forward to the Leaves Specialist at leavesprogram@csustan.edu. Leave credits will be used in the order received, and applied in the fiscal year in which the employee has signed the donation form. After processing, you will receive a copy of this form for your records.

The Catastrophic Leave Program is voluntary. Your support of this program is greatly appreciated. Questions can be addressed to the Leaves Specialist at (209) 664-6921 or leavesprogram@csustan.edu.

Catastrophic Leave - Donation of Sick Leave/Vacation		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Donor Name (Please Print)	Sick Leave Hours Donated	Vacation Hours Donated
<input style="width: 95%;" type="text"/>	_____	_____
Donor Employee ID Number	Donor Signature	Signature Date

Payroll Use Only		
_____	_____	_____
Donated Sick Leave Used	Donated Vacation Hours Used	Pay Period Applied
_____	_____	_____
Payroll Signature	Date	