



### **Catastrophic Leave Donation Form**

[University Policy 6.9, Time Off and Leaves](#) (excluding academic and bargaining unit staff) allows regular staff members who have completed one year of service to voluntarily donate leave to other regular staff members within a college/unit, when a health-related catastrophic event has been experienced. The conditions under which such donations may be made are outlined in the [Catastrophic Leave Donation Program](#).

This leave donation form will be retained in the college/unit for record keeping purposes, along with the name and leave balance records of the recipient. The college/unit representative administering the leave donation program will ensure that the information on this form gets communicated to the central Payroll Office in a timely fashion. A copy of this form may be provided to the donor but should not be provided to the recipient out of respect for the confidential nature of the leave donation program.

#### **DONOR INFORMATION:**

Name:  EMPLOYEE ID #:   
College/Unit:   
Department:   
Work Phone:

I hereby authorize the Payroll Office to deduct up to  day(s) from my vacation balance and/or up to  day(s) from my health and personal leave balance to be voluntarily donated to a staff member who currently qualifies as a recipient under the Catastrophic Leave Donation Program. I understand that donations must be made in full-day increments and that one full day equals one-fifth (1/5) of my total standard weekly hours. I certify that:

- the days donated are not days I would otherwise forfeit or not be entitled to use.
- after making such donation, I will still have at least a combined total of 15 days of health and personal leave and vacation.
- I will respect the confidential nature of this donation.

Name:  Signature: \_\_\_\_\_  
Date: