

TO: Marie Hernandez, Payroll Coordinator

Date:

FROM:

- 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