

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