



**Catastrophic Leave Program – Natural Disaster/State of Emergency  
Request to Donate Leave**

1. Employee's name ( <i>last, first, middle</i> )		2. Employee ID Number
3a. Job Title	3b. Classification Name/Code	3c. CBID/Employee Group
4. Name of Campus		5. Telephone number and email (preferred)
6. Name of Natural Disaster/State of Emergency Declared (Include Governor's Executive Order Number and Date of Issuance and link to the EO)		
7. Requested Donation		
_____	_____	Total _____
<i>Sick</i>	<i>Vacation</i>	
<p>I request that my leave credits in the amount provided above be transferred to the Catastrophic Leave Program – Natural Disaster/State of Emergency leave bank (campus based or a central leave bank administered by the Systemwide HR). As of the date indicated below, I have enough leave in my account to cover this amount and retain a balance of forty (40) hours of vacation leave credits and forty (40) hours of sick leave credits. I understand that if my donation exceeds the maximum amount of leave that I will accrue during the year I make this donation, that part of the donation could be taxable to me.</p> <p>I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused donated leave remains after the natural disaster/state of emergency ends, I understand that a pro-rated share will be returned to me either during the current leave year or the following leave year. However, to recredit my leave, I must remain employed by my current campus.</p> <p>I certify that I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by an employee for the purpose of donating or using leave.</p>		
8a. Employee Signature		8b. Date signed
<b>For Campus Human Resources Use Only</b>		
Current leave balances: _____		Leave balances approved to be donated: _____
_____	_____	As of: _____ Total _____
<i>Sick</i>	<i>Vacation</i>	<i>date</i>
_____	_____	_____
Leave Coordinator Name: Print and Signature /		Date
Appropriate HR Administrator: Print and Signature /		Date
Print Name: _____		