



Catastrophic Leave Donor Form

Name

Employee ID

Unit

Department

Campus Zip

Hereby donate: _____ hours of sick leave _____ hours of vacation to: _____

I understand that the receiving employee is a California State University, Sacramento employee, pursuant to Title V Addition 4.2 Catastrophic Leave Donation Program. I realize that once the leave is formally transferred to the recipient, it cannot be recovered by me.

I understand that I may donate up to the maximum number of sick and/or vacation leave credits for my Bargaining Unit per fiscal year. Leave credits may be donated in increments of one hour or more. The recipient employee must have exhausted all available leave credits before actual transfer of my credits

Signature

Date

Catastrophic Leave Maximum Donation Limits	
Employee Category	Maximum Donation Hours
Physicians (R01), Academic Student Employees (R11 - TAs Only)	16
CSUEU (R02, R05, R07, R09), Faculty (R03), Academic Support (R04), Skilled Crafts (R06), Public Safety (R08), CMA Operating Engineers (R10), Confidential (C99), Excluded (E99), Management Personnel Plan (MPP) (M80), Executives (M98)	40

Return to: Benefits Office – Del Norte Hall 3004 (Campus Zip 6032)

This portion will be completed by Payroll. A copy will be returned to you via campus mail.

Leave hours donated: _____ hours of sick leave
_____ hours of vacation

Date donated: _____

Pay Period used: _____

Non-transferred credits: _____ hours of sick leave
_____ hours of vacation

- Recipient did not exhaust all their accruals
- Recipient already received sufficient donations to cover their medical leave
- You have already met the maximum allowances this fiscal year

If you have any questions, please contact the Benefits Office at (916) 278-6213