



CALIFORNIA STATE UNIVERSITY, SACRAMENTO
Catastrophic Leave Donation Program

DONOR FORM

I, _____, of Unit _____ hereby donate _____ hours of sick leave or _____ hours of vacation leave to _____, a California State University, Sacramento employee, pursuant to Title V Addition, Article 4.2 Catastrophic Leave Donation Program. I realize that once the leave is formally transferred to the recipient, it cannot be recovered by me.

Signature **Date**

Name (Print)

Employee ID: _____

Department _____ **Mail Code** _____

RETURN TO DISABILITY LEAVES OFFICE – SACRAMENTO HALL 162 (CAMPUS ZIP 6032)

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

LEAVE HOURS DONATED: _____ **VACATION** _____ **SICK LEAVE**

DATE DONATED: _____ **FISCAL YEAR** _____

PAY PERIOD USED: _____

NON-TRANSFERRED LEAVE CREDITS: _____ **HOURS**

RECIPIENT RETURNED/RESIGNED

YOU HAVE ALREADY MET THE MAXIMUM ALLOWANCE THIS FISCAL YEAR

If you have any questions, please call the Disability Leaves Office at ext. 83522.