

**CATASTROPHIC LEAVE DONATION PROGRAM
RECIPIENT APPLICATION**

PLEASE TYPE OR PRINT IN INK

EMPLOYEE: _____ EMPLOYEE I.D. NUMBER: _____
HOME PHONE: _____ WORK PHONE: _____
DATE LAST WORKED: _____ DEPARTMENT: _____
ANTICIPATED RETURN TO WORK DATE: _____ EMPLOYED AS: Staff _____ Academic _____
NAME AND RELATIONSHIP OF FAMILY MEMBER, IF APPLICABLE: _____

I would like to participate as a recipient in the UCSC Catastrophic Leave Donation Program. My participation would be a benefit to me at this time because I have, or an eligible family member has, a severe illness or injury that has incapacitated me/him/her, thereby preventing my return to work. Further, a financial hardship is anticipated because I have exhausted all paid leave credits (sick, vacation, and compensatory time off/CTO), or will do so soon. My last day on pay status, or the date as of which intermittent leave will be needed, will be approximately _____ (this date will be verified by the Service Team).

I understand that:

- I must be a staff employee who is eligible to accrue and use vacation, or an academic employee during an active appointment period;
- I must be on an approved leave of absence (unless requesting intermittent leave for an eligible condition);
- I must provide a doctor's verification of illness or injury, which includes an estimated return to work date, to my supervisor, and I understand that this must be received before a leave bank can be established in my name;
- I must exhaust all paid leave credits (sick, vacation and CTO) before I am eligible to receive donated leave;
- In order to use Catastrophic Leave credits, I may not be on any other University pay status, receiving University disability benefits, or have filed for Worker's Compensation benefits;
- The identity of donors to my leave bank shall not be made known to me;
- My Catastrophic Leave bank will automatically close according to the provisions outlined in the guidelines; and
- My participation in the Catastrophic Leave Program is subject to the provisions outlined in the guidelines.

PRIOR CATASTROPHIC LEAVE

- I have not received Catastrophic Leave this calendar year.
 I have received some, but less than eight calendar weeks of Catastrophic Leave this calendar year.

CAMPUS NOTIFICATION

- My identity may be released.
 I wish my identity to remain anonymous.

CAMPUS SOLICITATION

Leave will be solicited from within your unit first. If that fails to fulfill your eligibility, do you wish to solicit leave donations from the campus community? Yes No

Recipient Signature: _____ Date: _____

Supervisor's Signature*: _____ Date: _____

Unit Head Signature*: _____ Date: _____

**Signature is not to approve or deny participation in the program, but to acknowledge departmental responsibilities as outlined in the Catastrophic Leave Donation Program guidelines.*

Please Forward Recipient Application to Service Team