

**CATASTROPHIC LEAVE DONATION
PROGRAM RECIPIENT APPLICATION**

EMPLOYEE: _____ HOME PHONE: _____ DATE LAST WORKED: _____ ANTICIPATED RETURN TO WORK DATE: _____ NAME AND RELATIONSHIP OF FAMILY MEMBER, IF APPLICABLE: _____	EMPLOYEE I.D NUMBER: _____ WORK PHONE: _____ WORK EMAIL: _____ DEPARTMENT: _____ EMPLOYED AS: <input type="checkbox"/> STAFF <input type="checkbox"/> ACADEMIC
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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 Leave of Absence 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 _____

*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.

LOA TEAM USE ONLY

<input type="checkbox"/> Verify if can accrue vacation	<input type="checkbox"/> File folder created	<input type="checkbox"/> Donor spreadsheet created
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Please Forward Recipient Application to Leave of Absence Team