



CATASTROPHIC LEAVE DONATION PROGRAM DONOR FORM

Donor identity is to remain **CONFIDENTIAL**

Notice to donate leave for (Recipient's name): _____

To the Donor:

1. Donations must be made in whole hour increments, **four hours minimum** at any one time.
2. Donors may donate leave to a recipient on more than one occasion. A new form is required for each donation.
3. Donated leave will be applied to the first pay period in which the recipient's pay status falls short of his/her normal percent of time worked.
4. Donated leave will be credited to the leave bank on a first-received-first-applied basis.
5. Donors will be notified if their donated leave is not needed due to closure of the recipient's leave bank.

(Please refer to the Catastrophic Leave Donation Program guidelines for complete details of the program.)

Donor Name: (Please Print) _____

Donor Employee ID #: _____ Donor Payroll Title: _____

Donor's Unit: _____ Donor Phone #: _____

Donor Email: _____

I confirm that the recipient is not my supervisor, manager or unit head

Note: "The University Conflict of Interest Code prohibits the receipt of any gift, including donated leave, which is offered, or may appear to be offered, because of the University position held by the recipient who may have authority to make or influence decisions regarding the employment of the donor."

Therefore, donors are restricted from giving Catastrophic Leave to their immediate supervisors, unit heads, or anyone in a position to make or influence a decision regarding the donors' employment (e.g., merit increase, performance evaluation, promotion, etc.).

I wish to donate _____ hours of my accrued vacation to the above named recipient. I am a staff employee who is eligible to accrue and use vacation or an academic employee during an active appointment period.

I understand and agree that:

1. This *voluntary* donation of vacation leave, once processed, is *irrevocable*;
2. My vacation leave balance will be adjusted by the Leave of Absence Team once it has received notice that the donated leave has been applied to the leave bank;
3. My identity as a donor is to be kept confidential and I will honor that confidentiality; and
4. This donation will not cause my vacation leave balance to drop below **40 hours**.

Donor's Signature: _____ Date: _____

Please Forward Donor Form to Donor's Supervisor

Donor Supervisor

Supervisor's Signature: _____ Date: _____

*Supervisor signature is to acknowledge departmental responsibilities as outlined in the Catastrophic Leave Donation Program guidelines.

Please forward Donor Form to Donor's Leave of Absence (LOA) Team [scan/email preferred]

Please forward this Donor Form to the recipient's LOA Team immediately so that these hours may be applied to the recipient's leave bank. Please do not adjust the donor's Attendance, Leave Use & Accrual Record, or enter the donated vacation on Payroll Timesheets, until you are notified that the donated hours have been utilized.

LOA TEAM USE ONLY

I confirm that the donor possesses the vacation hours indicated above, and that the donation will not cause his/her vacation accrual base to drop below 40 hours.

Donators Department _____

Acknowledgement Email Sent

Donations added to tracking sheet

Verified Vacation Accrual Bank

Sufficient (>40hrs)

Insufficient (<40hrs)

Partial ____ of ____ used

Vacation Accruals Adjusted in CruzPay

Donations Added to Donatee CruzPay

Completed Date: _____