

UCSB CATASTROPHIC LEAVE SHARING PROGRAM

LEAVE DONATION FORM

Confidential

Donor's Name _____
Last First MI

Employee ID # _____ Job Title _____

Department _____ Work Phone # _____

E-mail Address _____

Supervisor's Name _____

1. I wish to donate _____ accrued vacation leave hours to the Catastrophic Leave Sharing Program for: (check one or both boxes)

Eligible employee's name if known: _____

Any eligible employee _____

2. I understand that my initial donation must be at least 4 hours, and subsequent donations must be made in increments of 4 hours.

3. I am donating these hours freely and have not been forced or coerced into doing so.

4. I understand that these donated hours will be treated as leave hours for the above named employee, or by another employee eligible for Leave Sharing.

5. My donation, once processed and transferred, is irrevocable.

6. The hours I donate will not be deducted from my vacation leave balance until transferred to an eligible employee. This transfer could be weeks or months in the future depending on the individual Catastrophic Leave case or not happen at all in the case of a surplus of donations. Donations will be used in the order that they are received.

Donor Signature Date

Supervisor Signature Date

Submit original signed and completed form to Karen Moreno in Human Resources, Room 3101 SAASB, mail code 3160.

