

**CATASTROPHIC LEAVE
DONATION FORM
FOR STAFF EMPLOYEES**

Employee Name (Last, First)

Employee ID Number

Home Dept Name

Preferred E-mail

Preferred Number

TO BE COMPLETED BY EMPLOYEE

1. I wish to donate **HOURS** of my accrued **VACATION/PTO LEAVE** to the Catastrophic Leave Program (check one):

Recipient's Name:

Recipient's Dept:

UCI - Catastrophic Leave Program General Pool

2. I understand that my initial donation must be at least eight (8) hours and that subsequent donations must be made in increments of whole hours.
3. I make this donation freely and have NOT been forced nor coerced into doing so.
4. I understand that these donated hours will be treated as leave hours of the recipient employee named above or (General Pool Only) by another employee eligible to receive donated leave hours.
5. I understand that my donation, once processed, is irrevocable.
6. I understand that the hours I donate will NOT be deducted from my leave balance(s) until transferred to an eligible employee.
7. I understand that the hours I donate to the Catastrophic Leave General Pool will be deducted from my leave balance(s) and transferred to a central leave bank maintained by Human Resources.
8. I understand that my donation cannot amount to more than 50% of my vacation/PTO balance at the time of the transfer.

All donations are processed anonymously, unless the donor requests otherwise. If you are donating to an eligible recipient please check whether or NOT you wish to remain anonymous.

Yes No

Donor's Signature

Date

Reporting Time: The Donor's department does NOT deduct the donated vacation hours from the Donor's vacation/PTO leave balance, therefore, the department should NOT make changed to the Donor's payroll records. Upon receipt of the Catastrophic Leave Donation Form, the Human Resource Office notifies the Payroll Office so they can appropriately deduct the Donor's vacation/PTO leave balance. The Payroll Office will notify your departmental timekeeper once this action has taken place. To ensure the timely and appropriate reporting of your deductions, please provide the name of your departmental timekeeper.

Department Timekeeper: Work Phone: Email:

TO BE COMPLETED BY HUMAN RESOURCES

Authorizing Signature

Date

Question/Forms should be directed to Human Resources:
For Campus/Health Sciences: or call (949) 824-9152
For Medical Center: or call (714) 456-5736