



CATASTROPHIC LEAVE DONATION FORM CLASSIFIED 651 AND MANAGEMENT EMPLOYEES

A. EMPLOYEE INFORMATION: ☐ CLASSIFIED 651 ☐ MANAGEMENT

Employee Name: _____ Banner I.D.: _____
Department: _____ Position: _____ Phone: _____

B. IF YOU WISH TO DONATE LEAVE (Complete sections A & B and send to Payroll)

I understand the terms and conditions of the Catastrophic Leave Program and I wish to donate sick leave and/or vacation leave as specified below.
- Unit members may donate eligible leave credits to the "Bank" by completing the donation form, indicating the amount of sick leave, vacation time, or any combination thereof totaling eight (8) hours they wish to donate to the "Bank."

I authorize the District to deduct the specified amount from my leave balance(s). I also understand that this donation is voluntary and irrevocable. All donations will be deposited to the Catastrophic Leave Bank. Unit members who work less than a full-time (100%) assignment shall donate hours prorated proportional to their assignment.

☐ I wish to donate _____ sick leave hours. ☐ I wish to donate _____ vacation hours.

Please Note: You may be eligible to use earned sick leave for service credit upon retirement.

Please check with CalPERS/CalSTRS prior to making your donation.

Employee NAME (Print) _____ Employee NAME (Sign)– Authorizing Deduction _____ Date _____

Payroll Use Only

- Date Donation Request Form Received _____ By _____
- Donation Request ☐ Accepted ☐ Not Accepted Comments: _____
- Number of hours deducted from: sick leave _____ earned vacation _____
- # of Hours Worked Per Week _____ # of Months Worked Per Year _____

C. IF YOU WISH TO REQUEST CATASTROPHIC LEAVE (Complete sections A & C and send to Payroll)

☐ I wish to request _____ hours of catastrophic leave. (Please attach explanation for requesting leave)

Estimated duration of absence: From _____ to _____.

I estimate that will exhaust all of my accrued paid leave on _____.

Payroll Verification: All accrued leave exhausted on: _____ **Verified by:** _____ **Date:** _____

In accordance with Education Code Section 87045.(b) verification required:

Eligible leave credits may be donated to an employee for a catastrophic illness or injury if all of the following requirements are met:

- (1) The employee who is, or whose family member is, suffering from a catastrophic illness or injury requests that eligible leave credits be donated and provides verification of catastrophic injury or illness as required by the governing board of the community college district in which he or she is employed.
- (2) The governing board of the community college district determines that the employee is unable to work due to the employee's or his or her family member's catastrophic illness or injury.
- (3) The employee has exhausted all accrued paid leave credits.

Employees must attach a signed and dated statement from a licensed physician verifying a serious illness or injury that will require prolonged treatment for either the unit member or a family member.

Employee NAME (Print) _____ Employee Signature _____ Date _____

Human Resources / Catastrophic Leave Committee Use Only

Human Resources:

- Date Donation Form Received: _____ Date Request Form Received: _____

Meeting Results:

- ☐ Approved -- Amount of Hours Approved: _____ ☐ Denied

▪ Comments: _____

NAME (Print and Sign) _____ NAME (Print and Sign) _____
Employee Group Representative Director, Human Resources/ Human Resources Representative

Copy Sent To: ☐ Payroll ☐ Employee ☐ Employee Medical File