

## Catastrophic Leave Donation (CLD) Program (Employee)

To: Academic Affairs

Name: Blanche Landis Unit/Department: School of Nursing

Due to catastrophic illness or injury, the above employee has been determined to be eligible to receive donated leave credits to supplement disability benefits they may be receiving. Under the Catastrophic Leave Donation Program, sick leave and/or vacation leave credits may be donated to such an employee.

Employees eligible for the Catastrophic Leave Donation Program are those who: 1) must take an extended period of time off from work; 2) have experienced a catastrophic illness or injury; 3) are totally incapacitated and unable to work as a result; and 4) have exhausted all of their own accrued vacation, CTO, personal holiday and sick leave credits.

Eligible employees in Units 1, 8, 10& 11 may donate 1 to 16 hours of leave credits per fiscal year. Eligible employees in Units 2, 3, 4, 5, 6, 7 & 9 along with MPP (M80), Executive (M98), Confidential (C99) and Excluded (E99) employees may donate 1 to 40 hours of leave credits per fiscal year. You may donate in one-hour increments.

Should you wish to donate, complete the form below and return it to Payroll Services (MC-1625). Credits will be transferred in the order received by Payroll Services.

This program is voluntary. Your support for an employee in need is greatly appreciated. Questions regarding this program can be addressed to The Center for Human Resources at (619) 594-1144.

Sick Leave: \_\_\_\_\_ **and/or** Vacation Leave: \_\_\_\_\_  
Number of Donated Hours Number of Donated Hours

If more hours are donated than needed by the above recipient, I authorize that the hours I am donating be used for another approved CLD recipient (Check one): Yes \_\_\_\_\_ No \_\_\_\_\_ This donation, if not used, expires at the end of the current fiscal year.

\_\_\_\_\_  
Name (please print) Social Security #

\_\_\_\_\_  
Department Mail Code Work Telephone Extension

\_\_\_\_\_  
Signature Date

<b>PAYROLL PURPOSES ONLY</b>
------------------------------

Date: \_\_\_\_\_ Pay Period Used: \_\_\_\_\_

Balance was: \_\_\_\_\_ As of: \_\_\_\_\_ New Balance: \_\_\_\_\_ As of: \_\_\_\_\_

Leave Credits not used: \_\_\_\_\_  
These credits will not be needed by the recipient and have not been deducted from your balances. This allows you to donate to another recipient.

**Thank You for Your Donation!**