

Catastrophic Leave Donation Program

Recipient: Recipient Department:

The identified recipient has been determined eligible to receive donated sick leave and/or vacation leave benefits. The following are the maximum hours that may be donated per fiscal year;

Donor Employee Category	Maximum Hours
Unit 1 (Physicians)	16
Units 2, 5, 7, 9 (CSUEU)	40
Unit 3 (Faculty)	40
Unit 4 (Academic Support)	40
Unit 6 (Skilled Trades)	40
Unit 8 (Public Safety)	40
Unit 10 (Operating Engineers)	16
Unit 11 (Academic Student Employees)	16
<i>Note: Certain classifications only</i>	
Confidential (C99)	40
Management Personnel Plan (M80)	40
Executive (M98)	40
Excluded (E99, including Teaching Assistants)	40

Should you wish to donate, please complete the following form and return it to the Payroll and Benefits office, Salazar 2079. Leave credits will be transferred in the order received, and applied in the fiscal year in which the employee has signed the donation form. After processing, you will receive a copy of this form for your records.

This program is voluntary. Your support of the Catastrophic Leave Program is greatly appreciated. Questions regarding this program can be addressed to the Payroll & Benefits Office, Salazar 2079, by phone (707) 664-2983 or on the web at <http://www.sonoma.edu/payroll/leaves/catleave.html>. Individuals in need of a telecommunications relay service may contact the California Relay Service at (877) 735-2929 TTY.

Catastrophic Leave - Donation of Sick Leave/Vacation		
<input style="width: 95%; height: 25px;" type="text"/> Donor Name (Please Print)	<input style="width: 95%; height: 25px;" type="text"/> Sick Leave Hours Donated	<input style="width: 95%; height: 25px;" type="text"/> Vacation Hours Donated
<input style="width: 200px; height: 25px;" type="text"/> Donor Employee ID Number	_____ Donor Signature	_____ Signature Date

Payroll and Benefits Use Only		
_____ Donated Sick Leave Used	_____ Donated Vacation Hours	_____ Month Debited
_____ Payroll & Benefits Signature	_____ Signature Date	