



# 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 (UAPD)	16
Units 2, 5, 7, 9 (CSUEU)	40
Unit 3 (CFA)	40
Unit 4 (APC)	40
Unit 6 (Teamsters)	40
Unit 8 (SUPA)	40
Unit 10 (IUOE)	40
Unit 11 (UAW) *Teaching Associates Only	16
Confidential (C99)	40
Management Personnel Plan (M80)	40
Executive (M98)	40
Excluded (E99)	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 used 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.

The Catastrophic Leave Program is voluntary. Your support of this program is greatly appreciated. Questions can be addressed to the Payroll & Benefits Office, Salazar 2079, by phone (707) 664-2793 or on the web at <http://www.sonoma.edu/payroll/benefits/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 type="text"/>	<input type="text"/>	<input type="text"/>
Donor Name (Please Print)	Sick Leave Hours Donated	Vacation Hours Donated
<input type="text"/>	_____	_____
Donor Employee ID Number	Donor Signature	Signature Date

Payroll and Benefits Use Only		
_____	_____	_____
Donated Sick Leave Used	Donated Vacation Hours Used	Pay Period Applied
_____	_____	_____
Payroll & Benefits Signature	Date	