

APPENDIX 2 - Catastrophic Leave Donor Form

UC Merced Catastrophic Leave Donation Program Donor Form

Instructions: Please read the Catastrophic Leave Donation Program Policy and Procedures completely to determine whether you meet the qualifications to participate in the Catastrophic Leave Donation Program. Once you have completed this form, please forward form to the benefits unit for final approval and vacation leave transfer.

Date: _____

Donor's Name (printed): _____ Employee ID # _____

Donor's Department: _____

1. Do you wish to donate vacation accruals to a designated individual? Yes No

If yes, to whom? _____ Department: _____

2. Do you wish to donate vacation accruals to the Catastrophic Leave Donation Bank? Yes No

3. What is your current vacation balance? _____

4. Are you currently at maximum of your vacation accruals? Yes No

5. How many vacation hours do you wish to donate? _____ (note that you must donate a minimum of 8 hours, any unused donated hours to an individual will be transferred to the catastrophic leave bank and will be irrevocable)

I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate my vacation hours. I understand that I have no right under any circumstances to have any of the donated hours restored to my accrued leave balance once I have signed this form and it has been approved by my division or department head. I further certify that this leave donation will not reduce my current leave balance by more than 50% and that, including this donation, I have not donated more than eighty (80) hours during the past twelve months.

Donor's Signature Date

Division or Department Head's (or designee's) Signature Date

Division or Department Head's (or designee's) Title

FOR HR DEPARTMENT USE ONLY

This request is: Approved Denied

HR Authorizing Signature Print Name Date