

APPENDIX 1 - Recipient Application Request Form

UC Merced Catastrophic Leave Donation Program Recipient Application Request 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 attach supporting documentation and forward this form to Human Resources for final approval. **Please note that you need not disclose your underlying diagnosis in order to participate in this program.**

Date: _____

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

Patient's Name (if family member): _____ Relationship to Employee: _____

1. Have you exhausted all sick leave, vacation leave, and compensatory time off? ☐ Yes ☐ No ☐ Pending

If yes, or pending, please indicate the effective date: _____

2. How many hours are you requesting from Donors? _____

3. How many hours are you requesting from Catastrophic Leave Bank? _____

3. What is the expected duration of your leave of absence? From: _____ To: _____

4. Briefly state the reason(s) you need leave hours:

Note: You need not disclose your underlying diagnosis in order to participate in this program

5. Have you requested Catastrophic Leave during the last twelve-months? ☐ Yes ☐ No

6. If yes, what was the amount of leave granted to you within the last twelve months? _____ Hours

7. Expected date of return to work:

8. Supporting documentation attached? ☐ Yes ☐ No

Recipient'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

Vacation Leave Transfer Authorization Form has been forwarded to Payroll:

Name of Payroll Processor

Date