



Catastrophic Leave Donation Program

Recipient:	Recipient Department:
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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)	16
*Teaching Associates Only	
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 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) 664-2793 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	
Donor Name:	Donor Employee ID Number:
Sick Leave Donated:	Vacation Leave Donated:
Donor Signature:	Date:

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