



Catastrophic Leave Donation Form

Employee Name _____ Bargaining Unit: _____

Department: _____ PeopleSoft Employee ID: _____

I would like to donate the following number of hours to the employee named below as part of the **CSU Catastrophic Leave Donation Program**. I understand I may donate a minimum of one hour and up to the maximum number of sick and/or vacation leave credits for my employee category listed below **per fiscal year** (July – June).

Employee Category	Maximum Donation Per Fiscal Year	Employee Category	Maximum Donation Per Fiscal Year
Unit 1 Physicians	40 hours	Unit 8 Public Safety	40 hours
Units 2, 5, 7, 9 CSUEU	40 hours	Unit 11 Teaching Associates	16 hours
Unit 3 Faculty	40 hours	Unit 11 Grad Asst. & Inst. Stud	N/A
Unit 3 FERP	40 hours	Confidential	40 hours
Unit 4 Academic Support	40 hours	Management / Executive	40 hours
Unit 6 Skilled Trades	40 hours	Excluded – Egg	40 hours

Participation in the Catastrophic Leave Donation Program is voluntary. The leave you donate remains in your account until it is transferred to an eligible employee. When your leave credits are transferred to an eligible employee, your leave balance will indicate the reduction online in PeopleSoft Absence Management.

Name of recipient employee: _____

Type and number of hours to be donated:

Sick Leave hours: _____

Vacation hours: _____

I understand that the hours I donate will be transferred to the employee named above.

Signature: _____

Date: _____

Please submit completed donation form to Payroll Services via email to payroll@csusm.edu.

All catastrophic Leave donations are confidential. Questions regarding participation in the program may be directed to Human Resources at (760) 750-4418. Questions regarding donations should be directed to Payroll Services at (760) 750-4421.