

California State University, San Bernardino

Catastrophic Leave Donation for Employee's Illness/Injury

The undersigned, if otherwise eligible, agrees to donate personal leave credits, in one hour increments, of his/her own accrued vacation/sick leave for the use by the Recipient named below who has suffered a catastrophic illness or injury. A maximum of 40 hours may be donated each fiscal year. Donor and Recipient must both be employees of CSUSB. Please indicate hours donated as sick leave or vacation.

Note: Donations are transferred when needed by Recipient and are not necessarily deducted from your balance in the same calendar or fiscal year that they are pledged on this form.

Unit 1 (Physicians)	Allowed 16 Hours Maximum Donations
Units 2, 5, 7 & 9 (CSUEU)	Allowed 40 Hours Maximum Donations
Unit 3 (Faculty)	Allowed 40 Hours Maximum Donations
Unit 4 (Academic Support)	Allowed 40 Hours Maximum Donations
Unit 6 (SETC)	Allowed 40 Hours Maximum Donations
Unit 8 (Public Safety)	Allowed 40 Hours Maximum Donations
Unit 11 (Teaching Associates)	Allowed 16 Hours Maximum Donations
Confidential/MPP/Executives	Allowed 40 Hours Maximum Donations

Total Hours Donated: _____

Vacation: _____ Sick: _____

Recipient Name: _____

Donor Name: _____ Empl ID# _____

Department: _____ Phone Ext: _____

Signature: _____ Date: _____

Please return completed form to Payroll Department (Sierra Hall #103)