



CATASTROPHIC LEAVE DONATION

AVAILABLE TO: AFT FACULTY GUILD / AFT STAFF GUILD / TEAMSTERS / SEIU Local 721

This form is used to donate leave from one employee to a designated employee within an employee unit at any location within the District. Leave donations may not be made to an employee outside the designated employee unit.

Please print or type. See Instruction box below for processing instructions.

1. TO BE COMPLETED BY EMPLOYEE

A. DONOR INFORMATION This section identifies you and the number of days of illness leave you are donating.

_____	_____	_____	_____	
Last Name	First Name	Employee Number	Employee Unit	
_____ Location	YOUR DONATION	QUOTA	DAYS	
		LIMITATIONS BY EMPLOYEE UNIT		
		Illness		AFT Faculty Guild/Classified Supervisors: Up to 5 days per academic/fiscal year
				AFT Staff Guild: No limit
		Vacation		AFT Staff Guild Only: No limit
		Academic Supervisors: Up to 40 hours per academic year		
		Classified Supervisors: Up to 5 days per academic/fiscal year		

B. RECIPIENT INFORMATION This section identifies the employee who will receive your donation. To ensure the correct employee receives your donation, all information must be identified. Your personnel office can assist you with this requirement.

_____	_____	_____	_____
Last Name	First Name	Middle Name	Employee Number

C. VOLUNTARY AUTHORIZATION

I authorize the District to deduct the days indicated above from my leave time. In authorizing this deduction, I understand my donation is subject to the following:

- I am a regular employee of the District in the employee unit identified above.
- I have accumulated the required full-pay leave quota (balance).
- I understand that all leave donations can only be revoked until executed but that once executed, the donation is irrevocable.

_____	_____
Donor-Employee Signature	Signature Date

SIGN, DATE, AND FORWARD THIS FORM DIRECTLY TO HUMAN RESOURCES, DISTRICT OFFICE.

2. TO BE COMPLETED BY HUMAN RESOURCES AND PAYROLL SERVICES (Complete A or B)

A. Eligibility Requirements Met: Execution Date: _____ Number of Days/Hours Transferred: _____

B. Eligibility Requirements Not Met: _____

INSTRUCTIONS / IMPORTANT INFORMATION FOR EMPLOYEE

- **Eligibility Requirement:** Your donation is executed only when the recipient-employee meets all eligibility requirements specified in the applicable collective bargaining agreement.
- **Program Summary:**
 - Donations are valid for 60 days from date of submission. Donations are executed as long as the recipient-employee is eligible to receive a donation.
 - Leave is not deemed transferred until actually processed by Payroll Services, District Office. Once processed and transferred, donations are irrevocable.
- **Processing:**
 - Your donation is deducted from your leave quota (balance) when the donation is executed.
 - Upon execution, Payroll Services, District Office, will complete Section 2 of this form and send a copy of the processed form to you as confirmation your donation was executed.
 - If you do not receive confirmation of your request was used within 60 days, you should contact Payroll Services, District Office.