



# Catastrophic Leave Donation Program

TO: University Employees

Name: Stephen Francisco

Department and Unit: Housekeeping R05

Due to a catastrophic illness/injury, the above named employee has been determined eligible to receive donated sick leave or vacation leave benefits. The following are the maximum hours that may be donated per fiscal year:

Unit 1 (Physicians)	16
Units 2, 5, 7, 9 (CSUEU)	40
Unit 3 (Faculty)	16
Unit 4 (Academic Support)	40
Unit 6 (Skilled Trades)	40
Unit 8 (Public Safety)	16
Unit 10 (Operating Engineers)	16
Unit 11 (Academic Student Employees)*	16
Confidential (C99)	40
Management Personnel Plan (M80)	40
Executive (M98)	40
Excluded (E99, including TA's)	40

*\*Certain classifications only*

Should you wish to donate, please complete the form below 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 for an employee in need is greatly appreciated. Questions regarding this program can be addressed to the Payroll & Benefits Office, Salazar 2079C, 664-2178, <http://www.sonoma.edu/hs/payroll/leaves.html>. Individuals in need of a telecommunications relay service may contact the California Relay Service at (877) 735-2929 TTY.

Approved by Payroll & Benefits

March 14, 2008

## CATASTROPHIC LEAVE - DONATION OF SICK LEAVE/VACATION

_____ Your Name (Please Print)	_____ Sick Leave Hours Donated	_____ Vacation Hours Donated
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_____ Employee ID Number	_____ Your Signature	_____ Date
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### Payroll and Benefits Use Only

_____ Donated Sick Leave Used	_____ Donated Vacation Hours Used	_____ Month Debited
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*Please subtract the above hours from your appropriate accruals.*

_____ Payroll and Benefits Signature	_____ Date
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