



VOLUNTARY CATASTROPHIC LEAVE SHARING PROGRAM

Request for Leave Donations

REQUESTOR EMPLOYEE INFORMATION (RECIPIENT OF LEAVE DONATIONS):

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):	EMPLOYEE ID #:
PAYROLL TITLE:	DEPARTMENT:
WORK PHONE:	HOME OR CELL PHONE:
WORK MAILING ADDRESS:	EMAIL ADDRESS:
DEPARTMENT DESIGNATED APPROVER NAME:	DEPARTMENT DESIGNATED APPROVER WORK PHONE:

SELECT ONE OF THE FOLLOWING NOTIFICATION OPTIONS:

OPTION 1:

I AUTHORIZE the use of my name when donations of vacation leave / Paid Time Off are requested from fellow UCSF employees

OPTION 2:

I DO NOT AUTHORIZE the use of my name when donations of vacation leave / Paid Time Off are requested from fellow UCSF employees. I wish to keep my name confidential.

MY SIGNATURE CERTIFIES THAT:

- I have read and understand the provisions of the Voluntary Catastrophic Leave Sharing Program;
- I hereby request donated leave in accordance with the provisions of that program;
- A leave of absence in relation to a catastrophic illness or injury has been approved by my department;
- I have exhausted all of my accruals of Sick Leave (SL), Vacation Leave (VL), Compensatory Time Off (CTO) and/or Paid Time Off (PTO) (for faculty, this includes leave accruals provided under the Health Sciences Compensation Plan); and
- I am not receiving disability benefits or Workers' Compensation payments.

REQUESTOR EMPLOYEE SIGNATURE:	DATE (MONTH/DAY/YEAR):
DEPARTMENT DESIGNATED APPROVER SIGNATURE:	DATE (MONTH/DAY/YEAR):

PROCESSING INSTRUCTIONS:

- **Requestor Employee:** Complete, sign form, and submit to your Department Designated Approver:
 - Regular status career employees – department manager (or designee)
 - Faculty and non-faculty academics – department chair or Organized Research Unit (ORU) director
- **Department Designated Approver:** Sign and submit request form to Human Resources (HR) for eligibility verification:
 - Campus – department HR generalist ○ UCSF Health – Leave Management
- **HR** will advise the requestor employee and department designated approver if the requestor meets eligibility criteria.
- If the requestor is eligible, HR will provide information to HBS Processing for transfer of donated hours to the recipient (eligible requestor employee).