

DONATION OF CATASTROPHIC LEAVE CREDITS DONOR FORM

RECIPIENT: _____

Employees may donate vacation and/or sick leave credits in one-hour increments to Cal Poly Pomona employees authorized to receive donations under the Catastrophic Leave Donation Program. The maximum number of hours an employee may donate per fiscal year (July 1 through June 30), regardless of the bargaining unit of the recipient(s) is based on the donor's bargaining unit agreement. I agree to donate accrued leave credits for use by the above named recipient who has suffered a catastrophic disability. **The hours donated will be deducted from my leave balances unless I am notified otherwise by Payroll Services.**

DONOR'S NAME (Please Print)	Empl ID (Bronco #)	Department Name	Hours Donated	ATTENDANCE COORDINATOR (Appears in "ADJ HRS" on LAB REPORT)	
				Pay Period	Hours Deducted
			Sick _____		
			Vacation _____		

PAYROLL USE ONLY
<input type="checkbox"/> Absence Mgmt Updated - Donor <input type="checkbox"/> Absence Mgmt Updated – Recipient
Copy To: <input type="checkbox"/> Attendance Coordinator <input type="checkbox"/> Donor's Attendance Coordinator <input type="checkbox"/> Original to Control File

My name may not be released to the recipient.

Donor's Signature: _____ Date: _____

Authorized Payroll Services
 Representative's Signature: _____ Date: _____