mt. san antonio college logo
**APPENDIX M**

Catastrophic Leave Donation Request

REF: Article 13.10.4 Leaves of Absence and Related Matters

Use this form to donate eligible leave credits to the CSEA 262 Catastrophic Leave Bank. Per Article 13.10.2.2, eligible leave credits mean vacation leave and sick leave accrued by the donating unit member. Donors must donate a minimum of eight (8) hours of eligible leave credits. Donors may also designate donated leave credits for a specific unit member approved for CSEA 262 catastrophic leave per Article 13.10.4.2.1.

**DONOR INFORMATION**

Unit Member’s Name (Last, first)      ,       Banner ID:

Classification:       Date:

**TYPE OF DONATION** (select all applicable options)**:**

I wish to make a one-time donation in the amounted indicated below, making me eligible to apply for catastrophic leave until the end of the current fiscal year.

I wish to opt-in to catastrophic leave by making a donation now and annually at the start of each fiscal year (July 1) in the amount indicated below. This will make me eligible to apply for catastrophic leave until I opt-out of the annual donation option.

I authorize the District to transfer     hours of eligible leave credits from my available vacation leave balance and     hours of eligible leave credits from my available sick leave balance to       (must be Unit A member) as the recipient of this donation. This donation is a one-time only donation.

I wish to opt-out of the annual catastrophic leave donation option.

**DONATION AMOUNT**

I authorize the District to transfer     hours of eligible leave credits from my available vacation leave balance and     hours of eligible leave credits from my available sick leave balance

By signing this agreement, I authorize the District to transfer     hours of eligible leave credits from my available vacation leave balance and     hours of eligible leave credits from my available sick leave balance to the CSEA 262 Catastrophic Leave Bank.

I acknowledge that this donation is completely voluntary, and I understand that this transfer is irrevocable. Any unused designated leave credits will not be returned to me and will become available for future CSEA 262 catastrophic leave recipients.

     

Unit Member’s Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**SUBMIT COMPLETED AND SIGNED FORM TO THE PAYROLL DEPARTMENT, BUILDING 4, ROOM 1370**

**PAYROLL USE ONLY — PAYROLL CERTIFICATION:**

**This donation request has been:**

**ACCEPTED:**

A one-time donation of     hours of vacation leave and     hours of sick leave has been deducted from the unit member’s available leave balance and has been transferred to the CSEA 262 Catastrophic Leave Bank.

An ongoing donation of     hours of vacation leave and     hours of sick leave has been deducted from the unit member’s available leave balance and has been transferred to the CSEA 262 Catastrophic Leave Bank.

A one-time donation of     hours of vacation leave and     hours of sick leave has been deducted from the unit member’s available leave balance and has been transferred to       (must be Unit A member) as the recipient of this donation. This donation is a one-time only donation.

**REJECTED:**

The unit member’s donation request could not be processed for the following reason(s):

     

Payroll Staff Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

Original to Unit Member’s file

Copy to Unit Member