

**MT. SAN ANTONIO COLLEGE
CATASTROPHIC LEAVE DONATION AND REQUEST FORM**

A. EMPLOYEE INFORMATION

<input type="checkbox"/> FULL-TIME FACULTY	<input type="checkbox"/> ADJUNCT FACULTY
Employee Name _____	Employee ID Number _____
Department _____	Position Title _____
Work Phone _____	Home Phone _____

B. IF YOU WISH TO DONATE LEAVE (Complete sections A & B and send to Payroll)

I understand the terms and conditions of the Catastrophic Leave Program and I wish to donate sick leave as specified below. I understand that I must donate a minimum of two (2) days or four (4) hours for adjunct unit members of sick leave. Further, at the time of donation, I must have a remaining leave balance of at least 20 days of sick leave (prorated for adjunct unit members). I authorize the District to deduct the specified amount from my leave balance(s). I also understand that this donation is voluntary and irrevocable. All donations will be deposited to the Catastrophic Leave Bank.

I wish to donate _____ sick leave days I wish to donate _____ sick leave hours

Please Note: You may be eligible to use earned sick leave for service credit upon retirement. Please check with CalPERS/CalSTRS prior to making your donation.

Employee Signature - Authorizing Deduction _____ Date _____

Payroll Use Only

Date Donation Request Received _____ By _____

Donation Request Accepted Not Accepted Comments: _____

Number of days/hours deducted from sick leave (must be a minimum of 2 days/4 hours) _____

Leave Balance after deduction from sick leave (must be minimum of 20 days) _____

C. IF YOU WISH TO REQUEST CATASTROPHIC LEAVE Complete sections A & C and send to Payroll)

I wish to request _____ days/hours of catastrophic leave. (Please attach explanation for requesting leave)

Estimated duration of absence: From _____ to _____

I estimate that will exhaust all of my accrued paid leave on _____

Payroll Verification: All accrued leave exhausted on _____

In accordance with Education Code Section 87045 verification required:

(b) Eligible leave credits may be donated to an employee for a catastrophic illness or injury if all of the following requirements are met:

- (1) The employee who is, or whose family member is, suffering from a catastrophic illness or injury provides verification of catastrophic injury or illness as required by the governing board of the community college district in which he or she is employed.
- (2) The governing board of the community college district determines that the employee is unable to work due to the employee's or his or her family member's catastrophic illness or injury.
- (3) The employee has exhausted all accrued paid leave credits.

Employees must attach a statement signed by a licensed health care provider stating that the incapacitating illness or injury is of a serious nature requiring the employee to seek prolonged treatment or requiring the employee to provide care to a family member, and an estimate of the amount of time needed to seek such treatment or to provide care.

Human Resources/Catastrophe Leave Bank Committee Use Only

Date Request for Leave Received _____ Date Reviewed by Committee _____

Request approved # of hours _____ Request Denied

Comments: _____

Faculty Association Representative _____ Vice President, Human Resources _____