**UCOP Catastrophic Leave Sharing Program**

**Recipient Application Request**

Date:

Recipient’s Name (printed):       Employee ID #:

Department:       Phone #:

Have you received Catastrophic Leave in the previous 12 months? No [ ]  Yes [ ]  Date:

Number of hours requesting:       Dates of Leave: From       to

(Maximum is 160 hours)

Do you authorize the use of your name in requesting donations of vacation from fellow UCOP employees?

[ ]  Yes

[ ]  No

Check the appropriate reason(s) for leave hours:

[ ]  Catastrophic Illness or Injury

 [ ]  Death of a Family Member

[ ]  Catastrophic Event (loss due to terror attack, fire or natural disaster)

I understand that:

* I must be a staff employee who is eligible to accrue and use vacation.
* I must be on an approved leave of absence.
* I understand that UCOP Local Human Resources will request appropriate documentation to verify my request.
* I must exhaust all paid leave credits (sick, vacation, and CTO) before I am eligible to receive donated leave;
* In order to use donated vacation hours, I may not be on any other University pay status, receiving University (Liberty Mutual) disability, or have filed for Worker’s Compensation benefits.
* My participation in the Catastrophic Leave Sharing Program is subject to provisions outlined in the guidelines.
* Any unused hours must be returned to the Bank.

*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part Two: TO BE COMPLETED BY UCOP Local Human Resources**

Has all vacation, sick leave and compensatory time (if applicable) been exhausted?

 Yes [ ]  No [ ]  Pending [ ]  If pending, please explain:

Expected Return to Work Date:

Have the reasons for Catastrophic Leave been verified? Yes [ ]  No [ ]

**Accommodation and Leave Manager’s Signature (or designee):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Signature Date