**UCOP CATASTROPHIC LEAVE SHARING PROGRAM**

**REQUEST FOR DONATIONS**

TO: Department Employees

RE: Request for Catastrophic Leave Donations

Our colleague (name) has encountered a catastrophic event and will soon use up all of (his/her) accrued leave.

If you wish to donate some of your accrued vacation leave to help (name), please contact (manager’s name) to obtain a donation form.

UCOP’s Catastrophic Leave Sharing Program rules are posted on the web at (<http://hrop.ucop.edu/documents/ppsmsupc.pdf>). Some of the provisions of interest to donors are as follows:

1. Making a donation is strictly voluntary.
2. Your name will not be disclosed.
3. Once your donation has been transferred, you may not revoke it.
4. The donation must be 8 hours or more, in whole hour increments but no more than 80 hours.
5. The department payroll coordinator will make the transfer: do not make any modifications to your timesheet.

Please contact (manager’s name or Human Resources) if you need further information.

Manager

cc: UCOP Local Human Resources