SAN FRANCISCO STATE UNIVERSITY

CATASTROPHIC LEAVE DONATION

The **Catastrophic Leave Donation Program (CLDP)** allows faculty, staff, and administrators to donate vacation or sick leave credits to eligible employees who have experienced a catastrophic illness or injury, have exhausted their own accrued leave credits, and are totally incapacitated from work; a catastrophic illness or injury may also include an incapacitated member of the employee's immediate family. At the time of need, the employee or a colleague may initiate a donation campaign. At San Francisco State University, employees may donate leave either to an individual employee during a personal campaign or to the Catastrophic Leave Bank. If donating to an individual, any excess leave not used will revert to the Catastrophic Leave Bank unless Human Resources is notified otherwise. The Catastrophic Leave Bank provides an additional source of donated leave for eligible employees who do not receive sufficient donations through a personal campaign. All donations are valid only through June 30 of the fiscal year in which they are made, and the maximum number of hours that may be donated in a fiscal year (July 1–June 30) is determined by the employee's Collective Bargaining Identification Unit (CBID).

CBID	1 Physicians	2, 5, 7, 9 CSEA	3 Faculty	4 Academic Support	6 Trades	8 Public Safety	11 UAW (TA'Only)	12 CSUE U	MPP CONF	E99 Excluded
MAX HRS	1-40	1-40	1-40	1-40	1-40	1-16	1-16	1-40	1-40	1-40

The leave you donate remains in your account until it is transferred to an eligible employee, at which time you will receive written notice through campus mail for your records. Participation in the Catastrophic Leave Donation Program is voluntary, and all donations are kept confidential. Your support of employees in need is greatly appreciated. Questions regarding participation or donations may be directed to the HR Leaves Department at (415) 405-4004.

To donate, complete the form below and return it to the Human Resources Department, ADM 252.

Donation for: ☐ Individual: _____ ☐ CLDP Bank
Name of Individual Recipient

_____ Your Name (Print)

_____ Your Signature

_____ Sick Hours Donated

_____ Vacation Hours Donated

_____ SFSU ID #

_____ Department

_____ Phone Extension

_____ Date

PAYROLL USE ONLY

Donated Leave Hours

Month Debited:

☐ The above hours were not needed/used

_____ Payroll Signature

_____ Date