



University of California San Francisco
Human Resources

Voluntary Catastrophic Leave Sharing Program Leave Donation Form

Donor, please complete

| | |
|-------------------------------------|-------------|
| Donor Name: <i>(Please Print)</i> | |
| Work Phone: | Home Phone: |
| Donor Employee ID#: | |
| Donor Payroll Title: | |
| Hours of Vacation I Wish to Donate: | |

I UNDERSTAND THAT:

- * this voluntary donation of leave credits, once processed, is irrevocable;
- * my time and attendance record will be adjusted by my department or service unit; and
- * my identity as a donor is to be kept confidential and I will honor that confidentiality.

I wish to donate my accrued vacation leave hours to the Leave Sharing Program for:

| | |
|---|-------------|
| Eligible recipient employee's name | |
| Donor Signature <i>(Please forward donor form to Supervisor)</i> | Date |
| Supervisor's Signature of Support | Date |