

**EMPLOYEE INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Employee ID:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
**Shared Services Center:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**DONATION**

I wish to donate \_\_\_\_\_ accrued vacation leave hours for the Catastrophic Leave Sharing Program for:

Any Eligible Employee     
  Eligible Employee Name: \_\_\_\_\_

**TERMS AND CONDITIONS**

1. I understand that donations must be made in increments of whole hours.
2. I am donating these hours freely and have not been forced or coerced into doing so.
3. I understand that these donated hours will be treated as leave hours of the employee named above, or by another employee eligible for Catastrophic Leave Sharing.
4. My donation, once it's processed and transferred, is irrevocable.
5. The hours I donate will be deducted from my vacation leave balance.

**Employee Signature**
**Date**

Submit signed and completed form to People & Culture, Benefits at [catleave@berkeley.edu](mailto:catleave@berkeley.edu) or by hardcopy via fax: 510 295-2722

**HR Approval**
**Date**

**FOR PAYROLL USE ONLY**

	Name	Employee ID	Department Name	Vacation Hours	Balance Available	Date
<b>Donor</b>						
<b>Donated To</b>						
<b>Donated To</b>						