

Catastrophic Leave Donation Information

The Catastrophic Leave Program allows employees to donate earned paid leave credits, with the exception of sick leave and compensatory time, to employees who have catastrophic need at their own of at a different UW System institution.

Review [UW System Administrative Policy 1214 \(formerly BN 5\) Catastrophic Leave Program](#) for more information.

Donor Eligibility:

- An eligible donor must be actively employed at a UW System Institution and have accrued leave credits available for donation.
- Individuals in the Student Hourly, Graduate Assistant, Employee-In-Training or University Staff-Temporary appointments are not eligible for this program to either donate or receive catastrophic leave.

Leave Credits Donation:

- A donor may donate leave credits to any eligible recipient, within the same UW System institution or at another UW System Institution, and in any employee classification (i.e. Faculty, Academic Staff, Limited, University Staff).
- Donors may only donate earned vacation, personal holiday or banked leave (sabbatical/ALRA hours).
- Future or forecasted hours are not eligible for donation.
- Eligible employees may donate as frequently and as many hours as the donor desires. They also may donate to more than one recipient.

INSTRUCTIONS

Donor Information (Completed by Employee)

Donor Information: Completed by the employee who is donating eligible leave.

Donation: Indicate in whole hours the amount and type of leave to be transferred.

Donor Authorization: This signature is required. This certifies that the donor meets the eligibility requirements and authorizes the payroll office to transfer the specified leave credits to the designated recipient.

For Institution Use Only (Completed by the Human Resource Office)

Return Completed Form to the Donor's [Human Resource Office](#): The donor's payroll administrator will process the donation form and, if necessary, forward the form to the recipient's agency payroll office.

For Recipient's Payroll Office Use Only: "Date and Time Received" will be noted by the recipient's payroll office to determine the order in which donations are used. If a donation is not used, it will be returned to the donor's agency payroll office.

Catastrophic Leave Donor Authorization Form

Donor Information (Completed by Employee):	
Donor Name (Last, First, Middle):	Empl ID:
UW System Institution: UW-	Work Phone Number: - -
E-mail:	
Donation:	
Type and amount of LEAVE to be TRANSFERRED (in <i>Whole-Hour increments only</i>)	
<u>Leave Type</u>	<u>Amount</u>
Vacation	hours
Personal/Floating Holiday	hours
Banked Leave (Sabbatical/ALRA)	Hours
If you would like to donate to a specific recipient, list the recipient's name and institution.	
Recipient's Name (Last, First, Middle):	Recipient's UW Institution: UW-
Donor Authorization:	
I certify that I am covered by Catastrophic Leave Program provisions, and hereby authorize the transfer of these hours to an approved recipient.	
I wish to keep my donation confidential: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Donor's Signature: _____ Date: ____ / ____ / _____	

Return signed and completed form to the Donor's Payroll Office for Processing

For Institution Use Only:	
Date Received: / /	Donation: <input type="checkbox"/> Used or <input type="checkbox"/> Returned
Date Used: / /	Date returned: / /
Recipient's Name (Last, First, Middle):	Empl ID:
Recipient's UW System Institution: UW-	
Form Completed by:	
Name:	Date: / /