**UCOP CATASTROPHIC LEAVE SHARING PROGRAM**

**DONOR FORM**

Date:

Donor’s Name (printed):       Employee ID#:

Donor’s Department:

I wish to donate vacation accruals to a designated individual. [ ]

Name of Designated Individual:

I wish to donate vacation accruals to the UCOP Central Bank. [ ]

How many vacation hours do you wish to donate?

I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate my vacation hours. I understand that I have no right under any circumstances to have any of the donated hours restored to my accrued leave balance once I have signed this form. I further certify that this leave donation will not reduce my current leave balance by more than 50% and that, including this donation, I have not donated more than eighty (80) hours during the past twelve months.

Donor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Please forward completed form to UCOP Local Human Resources**