CATASTROPHIC LEAVE PROGRAM

LEAVE REQUEST FORM

FOR ACADEMIC APPOINTEES

Home Dept Name & Address and Zot Code

Employee Name (Last, First, Middle Initial)

Employee ID Number

Academic Title

Fiscal –Year Academic Titles Eligible to Request Donated Leave Hours

Visiting Researcher Professional Researcher Project Scientist Visiting Project Scientist Academic Administrator	Academic Coordinator Specialist Teacher – UNEX (3574) Librarian* Assistant & Associate University Librarians	* Participation by appointees in the Librarian Series is subject to the meet and confer process with the appropriate bargaining agent. Librarians who are not covered by the MOU may participate.

TO BE COMPLETED BY ACADEMIC APPOINTEE:

Last day worked: _____ Expected date of return to work: _____

Work phone: _____ Home phone: _____

REQUEST: According to provisions of the Catastrophic Leave Donation Program,

I, (Full Name) _____, hereby request donated leave,

in the amount of _____ hours.

My signature below certifies that:

1. A leave of absence in relation to a catastrophic illness or injury has been approved by the Executive Vice Chancellor.
2. I have exhausted all of my sick leave, vacation and compensatory time accruals; and
3. I am not receiving disability benefits or worker's compensation payments.

My name (check one) ☐ MAY ☐ MAY NOT be used to solicit donations.

_____

Employee's Signature *Date*

If you have any questions about the program, please contact Academic Personnel at acadpers@uci.edu. Forward completed donation form (original) to Academic Personnel, 354 Aldrich Hall, Zotcode 1015.

To Be Completed by Academic Personnel:

_____ _____

Authorizing Signature *Date*