

**MT. SAN ANTONIO COLLEGE  
CATASTROPHIC LEAVE DONATION AND REQUEST FORM**

**A. EMPLOYEE INFORMATION**

<input type="checkbox"/> FULL-TIME FACULTY	<input type="checkbox"/> ADJUNCT FACULTY
Employee Name _____	Employee ID Number _____
Department _____	Position Title _____
Work Phone _____	Home Phone _____

**B. IF YOU WISH TO DONATE LEAVE (Complete sections A & B and send to Payroll)**

I understand the terms and conditions of the Catastrophic Leave Program and I wish to donate sick leave as specified below. I understand that I must donate a minimum of two (2) days or four (4) hours for adjunct unit members of sick leave. Further, at the time of donation, I must have a remaining leave balance of at least 20 days of sick leave (prorated for adjunct unit members). I authorize the District to deduct the specified amount from my leave balance(s). I also understand that this donation is voluntary and irrevocable. All donations will be deposited to the Catastrophic Leave Bank.

I wish to donate \_\_\_\_\_ sick leave days       I wish to donate \_\_\_\_\_ sick leave hours

*Please Note: You may be eligible to use earned sick leave for service credit upon retirement.  
Please check with CalPERS/CalSTRS prior to making your donation.*

Employee Signature – Authorizing Deduction \_\_\_\_\_ Date \_\_\_\_\_

**Payroll Use Only**

Date Donation Request Received \_\_\_\_\_ By \_\_\_\_\_

Donation Request     Accepted     Not Accepted    Comments: \_\_\_\_\_

Number of days/hours deducted from sick leave (*must be a minimum of 2 days/4 hours*) \_\_\_\_\_

Leave Balance after deduction from sick leave (*must be minimum of 20 days*) \_\_\_\_\_

**C. IF YOU WISH TO REQUEST CATASTROPHIC LEAVE (Complete sections A & C and send to Payroll)**

I wish to request \_\_\_\_\_ days/hours of catastrophic leave. (Please attach explanation for requesting leave)

Estimated duration of absence: From \_\_\_\_\_ to \_\_\_\_\_

I estimate that will exhaust all of my accrued paid leave on \_\_\_\_\_

**Payroll Verification: All accrued leave exhausted on \_\_\_\_\_**

In accordance with Education Code Section 87045 verification required:

(b) Eligible leave credits may be donated to an employee for a catastrophic illness or injury if all of the following requirements are met:

- (1) The employee who is, or whose family member is, suffering from a catastrophic illness or injury provides verification of catastrophic injury or illness as required by the governing board of the community college district in which he or she is employed.
- (2) The governing board of the community college district determines that the employee is unable to work due to the employee's or his or her family member's catastrophic illness or injury.
- (3) The employee has exhausted all accrued paid leave credits.

Employees must attach a statement signed by a licensed health care provider stating that the incapacitating illness or injury is of a serious nature requiring the employee to seek prolonged treatment or requiring the employee to provide care to a family member, and an estimate of the amount of time needed to seek such treatment or to provide care.

**Human Resources/Catastrophic Leave Bank Committee Use Only**

Date Request for Leave Received \_\_\_\_\_ Date Reviewed by Committee \_\_\_\_\_

Request approved # of hours \_\_\_\_\_       Request Denied

Comments: \_\_\_\_\_

Faculty Association Representative \_\_\_\_\_ Vice President, Human Resources \_\_\_\_\_