

**CATASTROPHIC LEAVE DONATION PROGRAM
EMPLOYEE APPLICATION FORM**

Employee's Name _____ Date of Birth: _____

Dept _____ Ext _____ Supervisor _____ Zip _____

For the purpose of soliciting donated leave credits because I am totally incapacitated from work or because I am required to provide care for an incapacitated immediate family member¹,

- I hereby agree to allow my name to be released on campus.
 I request my name be withheld.

I choose to:

- use all leave credits as they are donated **or**
 distribute the donated leave credits over the period of disability so that monthly income is substantially the same each month.

I agree to hold harmless California State University, Chico and its employees from any liability concerning all aspects of my request for solicitation of donated leave credits.

I understand that:

- ◆ I must exhaust all of my leave credits and apply for any other disability leave for which I may be eligible;
- ◆ my accrued leave credits will be used each month prior to use of donated leave; and
- ◆ Payroll will cancel Direct Deposit of my paycheck.

Employee/Representative's Signature

Date

CERTIFICATION OF ELIGIBILITY

- ELIGIBLE** Employee meets the criteria established by the campus. Effective date: _____
 NOT ELIGIBLE Employee does not meet the established criteria.

Reason: _____

Disability Programs Office Representative

Date

Employee has applied for: NDI IDL or TD

Employee status:

- FML concurrent _____
 Perm/Prob
 Temporary (end date _____)

Time base FT ___ PT _____

Return completed form to:
**CSU, Chico
Disability Programs Office
400 West First Street
Chico, CA 95929-0022**

Cc: Payroll _____
Employee _____

¹ Immediate family member is defined by most collective bargaining agreements to mean a "close relative or other person residing in the immediate household of the employee, except domestic employees, roomers or roommates."