



CALIFORNIA STATE UNIVERSITY CHICO
 HUMAN RESOURCES SERVICE CENTER
 BENEFITS & WORKERS' COMPENSATION

400 W. 1ST STREET
 KENDALL HALL ROOM 220
 CHICO, CA 95929-0010
 530-898-5436
 FAX: 530-898-5755

**Catastrophic Leave Donation Program
 Employee Application Form**

Employee Name _____ Employee ID#: _____

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 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: _____

 Benefits & Workers' Compensation Manager

 Date

Employee has applied for:

NDI IDL or TD

Fax or mail completed form to:

CSU, Chico HRSC
Benefits and Workers' Compensation Unit
400 West First Street, Chico, CA 95929-0010
Phone: 530-898-5436 – Fax: 530-898-5755

Cc: Payroll _____

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."