

Catastrophic Leave-Sharing Vacation Hours Transfer Form

Policy/Procedure

The Catastrophic Leave-Sharing Program at the University of California, Berkeley offers staff and academic employees an opportunity to support colleagues who are facing their own major health crisis or that of a qualified family or household member.

Please refer to the [Catastrophic Leave-Sharing Program site](#) for complete program details before completing this form.

Qualifying situations include:

- The employee's own "serious health condition" as defined by the Family and Medical Leave Act (FMLA);
- The serious health condition of the employee's spouse, parent, child, sibling, grandparent, or grandchild (or in-law or step-relative in one of these relationships); or
- The serious health condition of a member of the employee's household.

For definition of a "serious health condition", see the [Berkeley campus implementing procedures for the FMLA](#) on the HR website. An employee does not need to be on leave under FMLA in order to receive donations through the Catastrophic Leave-Sharing Program; however, the employee must provide appropriate medical confirmation that the illness qualifies as "serious" as defined by the FMLA.

To Qualify as a Donor or Recipient

A Donor: must be in a position which allows the accrual of vacation, must have passed any waiting period to use vacation, and must have sufficient vacation accrued prior to making the donation. Initial donations must be in increments of eight hours; subsequent donations may be in any amount of whole hours.

A Recipient: must be in a position that accrues vacation, must have passed any waiting period to use vacation, and must have exhausted all paid leave earned pursuant to the applicable personnel policies or collective bargaining agreement provisions covering vacation, sick leave, and compensatory time off.

Within the Financial Leave Accrual Reporting System, time is transferred on an hour for hour basis without regard to the salary of either the donor or the designated recipient.

Instructions

Submit one form per recipient, attaching additional pages as needed. Forward the completed and signed form as an e-mail attachment to payhelp@berkeley.edu. A copy of the form with authorization and approval documentation should be retained by the recipient's home department.

CONFIDENTIAL

The donated hours will be recorded by the Recipient's Home Department as vacation usage for:

Pay period end date: _____
mm/dd/yyyy

Name of Donor(s)	Employee ID of Donor(s)	Donated Vacation Hours

Name of Recipient	Employee ID of Recipient	Vacation Hours Received

Prepared by

Printed Name _____

Phone _____

Date _____

Department Head or Designee

Printed Name _____

Signature _____

Department _____