



University of California San Francisco  
**Human Resources**

## Voluntary Catastrophic Leave Sharing Program Leave Request Form

According to the provisions of the Leave Sharing Program, I hereby request donated vacation leave.

**MY SIGNATURE CERTIFIES THAT:**

- \* A leave of absence in relation to a catastrophic illness or injury has been approved by my department;
- \* I have exhausted all of my sick leave, vacation and compensatory time accruals; and
- \* I am not receiving disability benefits or Workers' Compensation payments.

Name: <i>(Please Print)</i>	
Work Phone:	Home Phone:
Department:	Employee ID#:
Payroll Title:	Campus Mailing Address:
Last Day Worked:	

**CAMPUS NOTIFICATION**

*(Circle one)*

I **do** authorize the use of my name in requesting donations of vacation from fellow UCSF employees

I **do not** authorize the use of my name in requesting donations of vacation from fellow UCSF employees.

<b>Requester Signature</b> <i>(Please forward donor form to Supervisor)</i>	Date:
<b>Supervisor's Signature of Support:</b>	Date: