

**University of California, Agriculture and Natural Resources
Voluntary Catastrophic Leave Sharing Program
Donor Form (Exhibit C)**

Please read the Catastrophic Leave Donation Program criteria and procedures completely to determine whether you meet the qualifications to participate in the Catastrophic Leave Donation Program.

All donations are entirely confidential.

Donor Name	Department & ID#	Hours of Vacation Donated	Notate Recipient Name or Central Pool	Vac At Max?

Donor Certification

- I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate leave hours.
- I understand that the donation must be at least 8 hours in whole hour increments and I cannot donate more than 50% of my current vacation leave balances.
- I understand that I have no right under any circumstances to have any of the donated leave hours restored to my accrued leave balance once I have signed this form.

Donor's signature

Date