

California State University, Fresno
Request for Catastrophic Leave Donation Program (CLDP) Option Sheet

Human Resources (559) 278-2032

Academic Personnel (559) 278-3027

Payroll Services (559) 278-3960

Employee Name: _____ Bargaining Unit: _____ Eligibility Period: _____

Option 1: Nonindustrial Disability Insurance (NDI) supplemented WITH CATASTROPHIC DONATED LEAVE

- Requirements:**
- a. Make an appointment with Human Resources at 278-2032 to discuss process. NDI application must be filed.
 - b. Leave accruals must be exhausted. **
 - c. Catastrophic Leave must be requested (via this Option Sheet) and approved by Human Resources. Requests must be supported by physician's statement documenting the need for a leave and the estimated duration of the leave. The physician's statement should not identify a diagnosis or medical condition.
 - d. Employee must be fully incapacitated to receive Catastrophic Donated Leave.

Duration: NDI may run a maximum of six (6) months with physician's approval and authorization by Employment Development Department (EDD).
The President (or Designee), will review your request for Catastrophic leave for up to 3 months, and in exceptional cases will review a request for an additional three (3) months.

FACULTY: Full-time ten and twelve month faculty earning vacation leave credits may request the use of vacation accruals. Please contact Academic Personnel Services.

NOTE: Your actual pay will be reflective of voluntary donations from Fresno State employees.
By signing below, I am requesting participation in the Catastrophic Leave Donation Program, which will supplement any approved Non-Industrial Disability payments I receive.

*Employee's Signature

Fresno State ID #

Date

* If the employee is unable to sign, and employee's family member can request participation in CLDP.

** Approval to use vacation accruals for unpaid sick leave may be requested on the *STAFF and MPP Request for Leave of Absence form*.

Option 2: Employee NOT ELIGIBLE for NDI or Employee who needs to be absent from work due to a catastrophic illness or injury of an IMMEDIATE FAMILY MEMBER.

- Requirements:**
- a. Make an appointment with Human Resources at 278-2032 to complete the necessary form.
 - b. Catastrophic Leave must be requested (via this Option Sheet) and approved by Human Resources.
 - c. Requests must be supported by physician's statement documenting the need for a leave and the estimated duration of the leave. The physician's statement should not identify a diagnosis or medical condition.
 - d. Leave accruals must be exhausted. **

Duration: The President (or Designee), will review your request for Catastrophic leave for up to 3 months, and in exceptional cases will review a request for an additional three (3) months.
After exhaustion of Catastrophic Leave an employee may request a full or partial Leave of Absence without Pay. The request must be made to your appropriate administrator and forwarded to the Director of Human Resources for final approval.

FACULTY: Full-time ten and twelve month faculty earning vacation leave credits may request the use of vacation accruals. Please contact Academic Personnel Services.

NOTE: Your actual pay will be reflective of voluntary donations from Fresno State employees.
By signing below, I am requesting to participate in the Catastrophic Leave Donation Program (CLDP) only, either because I am not eligible for Non-Industrial Disability or I am requesting the time to take care of a family member who has a catastrophic illness

*Employee's Signature

Fresno State ID #

Date

* If the employee is unable to sign, and employee's family member can request participation in CLDP.

** Approval to use vacation accruals for unpaid sick leave may be requested on the *STAFF and MPP Request for Leave of Absence form*.

Request for Catastrophic Leave Donation Program (CLDP)

Manager's Recommendation for participation in the Catastrophic Leave Donation Program

The employee listed on page one has requested participation in the Catastrophic Leave Donation Program (CLDP); either through Option 1 or Option 2. CLDP is used to bring an employee's salary up to full pay. The purpose of CLDP is to supplement any disability benefits for which an employee is eligible. Supplemental refers to the use of donated leave credits to augment an employee's disability benefits so he/she may receive his/her full net pay. All available leave credits for this recipient employee must be exhausted before donations may be used as supplementation.

Recommend Not Recommended: _____

Department Administrator's Name

Administrator's Signature

Date

Approval for Initial Participation in the Catastrophic Leave Donation Program

The employee listed on page one has requested participation in the Catastrophic Leave Donation Program (CLDP); either through Option 1 or Option 2. CLDP is used to bring an employee's salary up to full pay. The purpose of CLDP is to supplement any disability benefits for which an employee is eligible. Supplemental refers to the use of donated leave credits to augment an employee's disability benefits so he/she may receive his/her full net pay. All available leave credits for this recipient must be exhausted before donations may be used as supplementation. **If approved, the leave period shall not exceed three (3) months calculated from the first day catastrophic leave donations are needed.**

Approved Denied--Reason for Denial: _____

Signature of Director of Human Resources

Date

For Human Resources Use Only: Copy to Payroll Services _____ Copy to Academic Personnel: _____ Employee: _____
E-mail to Union: _____ E-mail for C99 or M80: _____

Approval to Extend Participation in the Catastrophic Leave Donation Program

A written request for an additional three (3) months of participation in the Catastrophic Leave Donation Program was received by the Human Resources from this employee on _____.

The total donated leave credits shall not exceed an amount necessary to continue the employee for three (3) calendar months calculated from the first day of catastrophic leave. Approval to extend catastrophic leave may be granted for an additional three-month period in exceptional cases.

Approved Denied--Reason for Denial: _____

Signature of Director of Human Resources

Date

For Human Resources Use Only: Copy to Payroll Services _____ Copy to Academic Personnel: _____ Employee: _____
E-mail to Union: _____ E-mail for C99 or M80: _____