FRESNO STATE
Discovery. Diversity. Distinction.

Human Resources/Payroll Services
P (559) 278.2032 • F (559) 278.4275

Request to Participate in the Catastrophic Leave Donation Program (CLDP)

Employee Name: _____ **Bargaining Unit:** _____ **Fresno State ID:** _____

Requirements:

1. Must be on an approved Medical Leave. Contact Human Resources to discuss the leave process.
2. All eligible leave credits must be exhausted.
3. If the request is for the employee, the employee must be fully incapacitated to receive leave donations.*
4. If the request to participate is to care for an eligible family member with a catastrophic illness or injury under the CSU FML, only vacation donations can be solicited to care for an eligible family member.**

**If eligible for Non-Industrial Disability (NDI), the employee must apply for the NDI program to become eligible for the CLDP.*
***Academic Year faculty who only earn sick leave are eligible to donate sick leave to employees who are requesting only vacation donations.*

☐ **Leave to Care for Eligible Family Member****

☐ **Employee on Medical Leave**
- ☐ Eligible for NDI program (CalPERS Member)*
- ☐ Not Eligible for NDI (Discussed w/ Leave Coordinator)

☐ **Full Leave** ☐ **Intermittent Leave**

Initial CLDP Eligibility Period Commenced (up to 3 months): _____

Extend CLDP Eligibility Period Commenced (up to 3 months): _____

By signing below, I am requesting participation in the Catastrophic Leave Donation Program. I understand that the donations will either supplement my approved NDI payments or provide pay during my eligible unpaid absence(s) for myself or eligible family member. My Union representative will be notified to solicit donations on my behalf, with the exception of MPP/Confidential.

☐ **During my approved leave, I also wish to have HR solicit donations campus-wide.**

_____ _____
Employee Signature Date

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

Notification to Appropriate Administrator/Dean

This document is to inform you that the above-named employee has requested participation in the CLDP. This program will supplement any disability benefits or cover eligible unpaid absences to bring them to full pay. If a payment issues for catastrophic donations, the payment is considered regular pay and the employee will appear on the departments Payroll Certification (Cert).

_____
Name of Appropriate Administrator/Dean

Human Resources Use Only

Initial Request
☐ Approved
☐ Denied: _____ _____ _____
Signature (HR Manager – Benefits) Date

Extended Request
☐ Approved
☐ Denied: _____ _____ _____
Signature (HR Manager – Benefits) Date

Copy to Payroll: _____ **Copy to EE:** _____ **Copy to Admin:** _____ **Email to Union:** _____