**Catastrophic Leave Donor Authorization Form**

**Catastrophic Leave Donation Information**

The Catastrophic Leave Policy allows employees to donate earned paid leave credits, with the exception of sick leave and compensatory time, to eligible employees who have a catastrophic need at UW-Madison or a different UW System institution. Submitting a donation authorization form does not guarantee an employee’s leave will be donated.

Catastrophic Leave Policy: [Catastrophic Leave - UW-Madison Policy Library (wisc.edu)](https://policy.wisc.edu/library/UW-5062)

**Donor Eligibility:**

* An eligible donor must be actively employed at UW-Madison and have accrued leave credits available for donation.
* Faculty, Academic Staff, Limited Appointments, and University Staff in leave-earning, A-basis appointments are eligible to donate Catastrophic Leave.
* Individuals in the Student Hourly, Graduate Assistant, Employee-In-Training, or University Staff-Temporary appointments are not eligible to either donate or receive Catastrophic Leave.

**Leave Credits Donation:**

* Donors may donate leave credits to an eligible recipient within UW-Madison or at another UW System institution. Recipients must be in one of the following employee categories: Faculty, Academic Staff, Limited Appointments, or University Staff.
* Donors may only donate earned vacation, personal holiday, or banked leave (sabbatical/ALRA hours). Sick leave hours and Compensatory Time are not eligible for donation.
* Future or forecasted hours are not eligible for donation.
* Eligible employees may donate as frequently and as many hours as the donor desires. They also may donate to more than one recipient.

**INSTRUCTIONS**

**SECTION 1: Completed by the Donor**

**A. Donor Information:** The employee donating leave will complete all required fields. Fields marked “optional” may be left blank if unknown.

**B. Donation Type & Amount:** Indicate in whole hours the amount and type of leave to be donated.

**C. Donor Authorization:** The donor’s signature is required. This certifies that the donor met the eligibility requirements and authorizes the payroll office to donate the specified leave credits to the designated recipient.

**D. Recipient Information (optional for the donor):**

* + - To donate to a specific recipient, list the employee’s name and division/department.
		- If you do not know the name of the recipient but are making a donation in response to notification that a colleague is in need of donations, you may leave the name blank and check the corresponding box.
			* A recipient does need to be identified by Human Resources before a donation can be accepted. Donors should forward this form to their Human Resources Office or DDR once completed according to their unit’s directions.

**SECTION 2: Completed by the Human Resource Office**

**A. Return Completed Form to the Donor’s HR Office:** Once the Human Resources Office has received the donation authorization form, they must fill out Section D if the donor did not. The donor’s payroll administrator will process the donation form and forward the form to the recipient’s payroll office.

**B. For Recipient’s Payroll Office Use Only:** “Date Received” will be noted by the recipient’s payroll office to determine the order in which donations are used. If a donation is not used, it will be returned to the donor’s payroll office.

CATASTROPHIC LEAVE DONOR AUTHORIZATION FORM

Faculty, Academic Staff, University Staff, or Limited Appointments (A-Basis only)

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| **SECTION 1****(Completed by the Donor)** |
| 1. **Donor Information**
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| **Donor’s Name:**Click or tap here to enter text. | **Appointment Code (optional):**Click or tap here to enter text. |
| **Today’s Date:**Click or tap to enter a date. | **Donor’s Employee ID# (optional):**Click or tap here to enter text. |
| **Division/Department:**Click or tap here to enter text. | **Employee Record# (optional):**Click or tap here to enter text. |
| **Appointment Title:**Click or tap here to enter text. | **UDDS (optional):**Click or tap here to enter text. |
| **Employment Category:** Faculty: [ ]  Limited Appointments: [ ]  Academic Staff: [ ]  University Staff: [ ]  | **Pay Basis (optional):**A-Basis: [ ]  C-Basis: [ ]  H-Basis: [ ]  Other: Click or tap here to enter text. |
| 1. **Donation Type & Amount (In whole hour increments only)\***
 |
| **Type** (leave must already be earned) | **Maximum Amount Offered** |
| Vacation: | Click or tap here to enter text. Hours |
| Vacation Carryover: | Click or tap here to enter text. Hours |
| Personal Holiday: | Click or tap here to enter text. Hours |
| Floating Legal Holiday: | Click or tap here to enter text. Hours |
| Banked Leave (sabbatical/ALRA): | Click or tap here to enter text. Hours |
| **TOTAL:** | Click or tap here to enter text. Hours |
| 1. **Donor Signature**
 |
| I hereby authorize the transfer of these hours to a recipient and understand that I will not be permitted to rescind my donation once it is made. (Donor’s signature is required.)**Donor Authorization:** Click or tap here to enter text. **Date:** Click or tap to enter a date. |

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| 1. **Recipient Information (optional for donor; required for HR if blank)**
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| **Name of Recipient:** Click or tap here to enter text.**Recipient’s** **Division/Department:** Click or tap here to enter text.**☐ \*Unnamed Colleague in Need of Leave** \*If this box is marked, the HR Office must write in the recipient’s name and department/division.  |

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| SECTION 2For College/School/Division Use Only**(Completed by the Human Resources Office)** |
| Donor’s HR Office |
| Donor’s HR Office must complete Section 1D if the donor did not name a recipient. |
| **For Recipient’s Payroll Office Use Only** |
| Date Received: Click or tap to enter a date. Total Hours Received: Click or tap here to enter text. Donor #: Click or tap here to enter text. (based on date received)Recipient’s Name: Click or tap here to enter text.Recipient’s Employee ID: Click or tap here to enter text.Form Completed by (name): Click or tap here to enter text.This information should be transferred to the Recipient’s Case File. |

\*The completion of this section will not result in immediate deduction of the maximum number of hours offered by the donor. The purpose of this form is for the donor to authorize the University to transfer leave out of the account each payroll cycle as needed by the recipient. The donor will be informed of the total number of hours removed from their account each pay period. The donor will be notified when the recipient’s catastrophic leave is terminated and/or when the donor’s donation has been fully depleted.

University of Wisconsin-Madison

Office of Human Resources – Workforce Relations

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