Dear HR Colleagues:

UCLA continues to closely monitor the ongoing COVID-19 situation, and the health and well-being of the campus community remain our top priority.  The UCLA Campus Catastrophic Leave Program permits temporary salary and benefits continuation for a staff employee who accrues vacation but has exhausted all paid leave credits.  Catastrophic Leave may be used in circumstances including:

* The employee’s own catastrophic illness or injury; or
* To care for a catastrophically ill or injured family member.

The Program allows employees to donate vacation accruals on a voluntary basis to staff employees who do not have sufficient accumulated paid leave credits to meet a verifiable, catastrophic circumstance, as defined under the policy.  Employees may also donate their accrued vacation hours to the campus’ Central Catastrophic Leave Bank.

We are anticipating that the Central Bank will become depleted if the COVID-19 situation continues to worsen.  As such, we would like to ask you to reach out to employees in your organization or department and encourage them to donate to the Central Bank.  Employees may submit to their local HR department a [Catastrophic Leave Program Donor Form](https://ucla.app.box.com/s/253cdez47n3juroi2fiyvi8wae642wny) or an email from their University or personal email address using the template below.  Department HR representatives must approve the donation requests and forward them to Dyanna De Alba at ddealba@chr.ucla.edu

For more information about the Catastrophic Leave Program, please visit [UCLA Catastrophic Leave Program](https://www.chr.ucla.edu/policies-and-labor-contracts/appendix-iii-2013-campus-catastrophic-leave-program).  If you have any questions, please contact Dyanna De Alba at ddealba@chr.ucla.edu.

We appreciate your support.

Sincerely,

**Kathleen Shiroma**

Manager, Staff Personnel Policy

UCLA Campus Human Resources

Employee & Labor Relations

***Email Template:***

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 my vacation hours.  I understand that I have no right under any circumstances to have any of the donated hours restored to my accrued leave balance once I have submitted this email to my department.  I further certify that this leave donation will not reduce my current leave balance by more than 50% and that, including this donation, I have not donated more than eighty (80) hours during the past twelve

months.

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| --- |
| Donor Name:   |
| UCPath ID:   |
| Department Name:   |
| I wish to donate vacation accruals as follows: |
|        | ☐ | To the Campus Catastrophic Leave Bank | Number of Hours:   |
|   | ☐ | To the following designated recipient:   | Number of Hours: |