



UNIVERSITY of WISCONSIN-GREEN BAY

UNCLASSIFIED EMPLOYEE APPLICATION FOR CATASTROPHIC LEAVE

Application Made By: _____
(Donor of Leave) (Name) (Date)

UW System Title: _____

Division: _____

Recipient's Name: _____

UW System Title: _____

Division: _____

Reason for Catastrophic Leave: _____

Anticipated Amount (Hours) of
Catastrophic Leave Needed: Vacation: _____ Personal Holiday: _____

Anticipated Dates of Catastrophic
Leave: From: _____ Through: _____

Donor's Signature: _____
(Name) (Date)

TO BE COMPLETED BY HUMAN RESOURCES:

Funding Code to be used for Catastrophic Leave: _____

Other Salary Replacement
Income/Benefits for Recipient: _____

Other Information: _____

Date vacation and personal holiday time exhausted: _____

APPROVALS:

Division Head

Division Head

Area Leader

Area Leader

Human Resources

(Important Instructions on Next Page)

INSTRUCTIONS FOR REQUESTING/DONATING CATASTROPHIC LEAVE

For Faculty, Academic Staff, and Limited Appointments

As stated in the Unclassified Personnel Guideline 9.08, catastrophic illness is defined as “any illness, medical condition or injury that incapacitates, or is expected to incapacitate an unclassified employee or an unclassified employee’s ‘immediate family member,’ as defined in Unclassified Personnel Guideline (UPG) #10.1.”

Donor Requirements:

- Unclassified employees who earn vacation and personal holidays.
- Donate leave hours (vacation, personal/floating holidays) in full-day increments only. Sick leave may not be donated.

Determining Recipient Eligibility: In order to be an eligible recipient, the employee must satisfy the following conditions:

- Must be an unclassified employee (i.e., faculty, academic staff or limited)
- Must provide sufficient information to Human Resources and Division Head to conclude a catastrophic illness or medical condition exists. All information will be treated in a confidential manner.
- Without Catastrophic Leave, the employee would need to be on a leave of absence without pay.
- Have exhausted all sick leave, vacation, personal and floating holiday hours, and be currently unable to receive Income Continuation Insurance (because of the waiting period or ineligibility due to lack of coverage or the reason for leave is not covered by ICI).

Procedure:

- Complete the “Donor Authorization for Catastrophic Leave” form and forward to Human Resources. Form may be completed by donor and recipient together or on recipient’s behalf, if necessary.
- Human Resources will maintain a record of the date the authorization form(s) are received. If multiple forms are received, hours are to be taken in chronological order based on the date the donor form was received.
- Human Resources will consult with the Division Head(s) and Area Leader(s).
- Upon approval, Human Resources will transfer the hours out of the donor’s account and move them to the recipient’s appropriate leave account.
- Recipient receives pay for the amount of leave time available from donor(s) during each pay period up to his/her normally scheduled hours. Employee will earn benefits, including leave, on time in pay status while using catastrophic leave. Any leave earned over 16 hours by the recipient must be used before applying the Catastrophic Leave.
- Both the donor and recipient’s leave file should indicate that catastrophic leave was used (for future reference).