

LOS ANGELES WILDFIRE CATASTROPHIC LEAVE BANK DONATION FORM

*Please contact your location's Human Resources office to submit this donation request for review and approval.
This form must be submitted by HR to UCPath by March 31, 2025*

EMPLOYEE INFORMATION	
Employee Name:	UCPath Employee ID:
University (Payroll) Title:	UC Location:
<p>My signature below confirms that:</p> <ul style="list-style-type: none"> I am voluntarily donating _____ accrued vacation hours to the Systemwide Catastrophic Leave Bank to support my colleagues at UCLA and UCLA Health who have been affected by the wildfires (e.g., Palisades Fire, Eaton Fire); I am voluntarily donating _____ accrued paid time off hours (PTO) to the Systemwide Catastrophic Leave Bank to support my colleagues at UCLA and UCLA Health who have been affected by the wildfires (e.g., Palisades Fire, Eaton Fire); I understand the donated hours will be restored to my leave balance if they are not allocated to a recipient. 	
Employee Signature:	Date:

LOCATION APPROVAL		
_____ Location HR Representative's Name	_____ Signature	_____ Date
_____ Location Department Head's Name	_____ Signature	_____ Date

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We sincerely appreciate your kindness and generosity in supporting employees affected by the wildfires. Your contribution will have a meaningful impact on the lives of our colleagues during this difficult time.