

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 UC colleagues 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 UC colleagues 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.