

**DONOR AUTHORIZATION FOR CATASTROPHIC LEAVE**

Donor Name: _____	<b><u>For Donor's Payroll Office Use Only:</u></b>  Seniority Date: _____  FTE: _____
Classification: _____	
Donor is: <input type="checkbox"/> Represented: <input type="checkbox"/> Nonrepresented	
_____ (Union) (Local or Chapter)	
Agency & Division: _____	Employing Unit: _____
Work Address: _____	
_____ (City) (State) (Zip)	
Work Telephone: _____	

Recipient Name: \_\_\_\_\_ Recipient's Agency/Campus: \_\_\_\_\_

**TYPE AND AMOUNT OF LEAVE TO TRANSFER (in whole hour increments only)**  
[Not to exceed 24 hours (or as specified in the donor's labor agreement)/calendar year/donor - prorated for part-time employees]

<u>Type</u>	<u>Amount</u>	
Vacation	_____	Hours
Personal Holiday	_____	Hours
Saturday Legal Holiday	_____	Hours
Sabbatical	_____	Hours

I certify that I am covered by Catastrophic Leave provisions, not on original probation, and have been a state employe for at least one year. I hereby authorize the transfer of these hours to the above named recipient.

I wish to keep my donation confidential:  Yes  No

Donor Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature Required)

**RETURN COMPLETED FORM TO DONOR'S PAYROLL OFFICE FOR PROCESSING**

**For Recipient's Payroll Office Use Only**

Date & Time Received:  
Date Donation Used:  
Date Unused Donation Returned to Donor:

## INSTRUCTIONS FOR FORM DER-DCLR-14 Donor Authorization Catastrophic Leave

**Determining Donor Eligibility:** In order to be an eligible donor, an employe must satisfy *all* of the following conditions:

1. Be covered by Catastrophic Leave provisions under a collective bargaining agreement or s. ER 18.15, Wis. Adm. Code.
2. Have completed the first six months of an original probationary period in a permanent position or six months in a project or eligible unclassified position.
3. Have been a state employe for at least one year.
4. Must remain a state employe.

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**Nonrepresented or Represented:** Indicate whether the donor is nonrepresented or represented by a collective bargaining unit. If represented, provide the name of the union, as well as the local union or chapter, as applicable.

**For Donor's Payroll Office Use Only:** Do not complete. This information will be provided by the payroll office.

**Agency/Division/Employing Unit:** Agency which employs the donor, for example, Department of Health & Family Services (DHFS), Department of Corrections (DOC), or University of Wisconsin (UW). Division or Campus within the agency which employs the donor, for example, Division of Care and Treatment Facilities (DCTF) at DHFS, Division of Adult Institutions (DAI) at DOC, or Madison Campus at UW. Employing unit which employs the donor, for example, Mendota Mental Health Institute (DHFS/DCTF/MMHI), Waupun Correctional Institution (DAI/DOC/WCI), or Housing (Madison Campus/UW).

**Recipient Name/Recipient's Agency:** Provide the name and agency of the approved recipient to whom the donor is transferring leave.

**Type and Amount of Leave to Transfer:** Indicate in whole hours the amount and type of leave to be transferred to the recipient. The total amount of leave donated to all recipients by a single donor may not exceed 24 hours (or as differently specified in the labor agreement covering the donor) in a calendar year.

**Donor Authorization:** This signature is required. This certifies that the donor meets the eligibility requirements and authorizes the payroll office to transfer the specified leave credits to the designated recipient.

**Return Completed Form to the Donor's Payroll Office:** The donor's payroll office will process the donation form and, if necessary, forward the form to the recipient's agency payroll office.

**For Recipient's Payroll Office Use Only:** Do not complete. "Date and Time 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 agency payroll office.