This is a fill-in form. Please click on the appropriate area to enter information. Tab between fields and PRINT when completed.

State of Wisconsin
Office of State Employment Relations
Division of Compensation & Labor Relations

See Instructions Next Page!

DONOR AUTHORIZATION FOR CATASTROPHIC LEAVE

Donor Name: _____

Classification: _____

Donor is: ☐ Represented: ☐ Nonrepresented

_____
(Union) (Local or Chapter)

For Donor's Payroll Office Use Only:

Seniority Date: _____

FTE: _____

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]

Type	Amount	
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 employee 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

Print Form Clear Form

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:

(See Next Page)

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

Determining Donor Eligibility: In order to be an eligible donor, an employee 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 employee for at least one year.

4. Must remain a state employee.

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 Services (DHS), Department of Corrections (DOC), or University of Wisconsin (UW). Division or Campus within the agency which employs the donor, for example, Division of Long Term Care (DLTC) at DHS, Division of Adult Institutions (DAI) at DOC, or Madison Campus at UW. Employing unit which employs the donor, for example, Central Wisconsin Center for the Developmentally Disabled (DHS/DLTC/CWC), 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.