

**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"> <li>I am voluntarily donating _____ accrued vacation hours to the LA Wildfire Catastrophic Leave Bank to support my UC colleagues who have been adversely affected by the wildfires (e.g., Palisades Fire, Eaton Fire);</li> <li>I am voluntarily donating _____ accrued paid time off hours (PTO) to the LA Wildfire Catastrophic Leave Bank to support my UC colleagues who have been adversely affected by the wildfires (e.g., Palisades Fire, Eaton Fire);</li> <li>I understand that the vacation/PTO hours I donate will be removed from my balance once they are allocated to a recipient. If they are not needed, they will not be removed.</li> </ul>	
Employee Signature:	Date:

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

\* \* \* \* \*

***Thank you for your generosity. Your contribution will have a meaningful impact on the lives of our colleagues who have been affected by the LA wildfires.***