



UNIVERSITY OF CALIFORNIA
Temporary Vacation Leave Conversion Program (Hurricane Katrina)
November 1, 2005 – October 31, 2006

The Temporary Vacation Leave Conversion Program (TVLCP) is a temporary emergency program in response to Hurricane Katrina, pursuant to guidelines established by the IRS. The TVLCP allows employees to convert accrued vacation leave into cash contributions for donations to qualified tax-exempt organizations providing Hurricane Katrina disaster relief in accordance with the following:

- Employee must be eligible to accrue vacation leave.
- Employee must have an earned balance that equals or exceeds the number of hours donated.
- Once an authorization to donate vacation hours has been processed, it is irrevocable and the employee's vacation balance will be decreased by the number of hours authorized below.
- Donations will be made directly to the qualified tax-exempt organization by UC on behalf of the employee.
- A one-time donation form may be submitted between November 1, 2005 and October 31, 2006 (donations to the organizations must be made by December 31, 2006 in compliance with IRS requirements).
- The donation amount will not be included in the employee's income reported to the IRS. Since the IRS allows the donation amount to be excluded from the employee's W-2 taxable income, the employee cannot claim a charitable deduction on his or her tax return.
- Employee must coordinate the request and determine the number of hours to be donated with his or her department, and the department may assess the request based on funding considerations.

To be completed by the employee

Name: _____ Employee ID No.: _____

Campus/Lab Dept.: _____ Campus/Lab Phone: _____

I request that the University of California convert the following number of accrued vacation hours to a cash contribution in an amount to be calculated based on my hourly rate of pay, and authorize its donation on my behalf to the tax-exempt charitable organization specified below:

Number of Hours Donated _____

- Tax-Exempt Charitable Organization (*check one box only*):
- | | |
|---|------------|
| <input type="checkbox"/> Red Cross [Hurricane Katrina Relief] | (GTN #601) |
| <input type="checkbox"/> Habitat for Humanity [Operation Home Delivery] | (GTN #602) |
| <input type="checkbox"/> United Way [Hurricane Katrina Relief Fund] | (GTN #603) |

Employee Signature _____
Date

To be completed by the employee's department

No. of hours _____ x Hourly rate of pay \$ _____ = Total Donation Amount \$ _____ *

FAU TO BE CHARGED _____

Department Approval _____
Date

Accounting Office Use Only
ETAP – Additional Pay

Employee ID	Pay Period End Date	Pay Cycle	Title

LACFPS	Rate	AH	DOS	Time	H%
		H			H

ETDD – ONE-TIME DEDUCTION

Trans	Employee ID	Pay Period End Date	Pay Cycle	Ded GTN #	Deduction Amount*
DS					

**Donation amount and Deduction amount must be the same (net = \$0.00)*

Prepared By _____
Date

Authorized By _____
Date

Copies: Employee
Department
Accounting