

**EXHIBIT A**  
**University of California, Agriculture and Natural Resources**  
**Voluntary Catastrophic Leave Sharing Program**  
**Permission to Release Medical Information (Exhibit A)**

I wish to receive donations of accrued leave in accordance with the UC Agriculture and Natural Resources, Catastrophic Leave Sharing Program. When soliciting donations or responding to inquiries from donors, I give the University permission to give a general description of the medical condition for which the leave is needed.

The medical condition should be described as follows:

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Employee Signature

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Employee Print Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date