Catastrophic Leave Opt Out Instructions
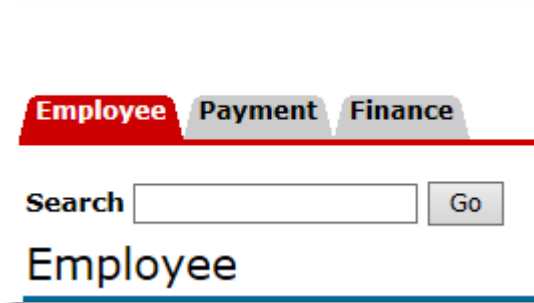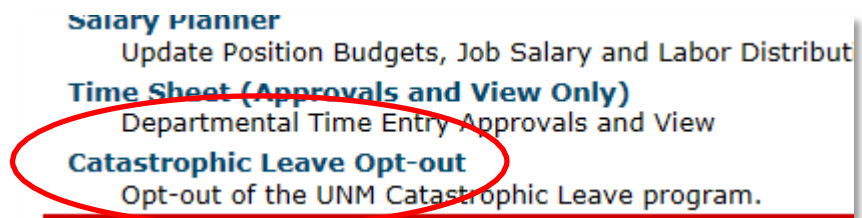
1. Access LoboWeb through the *my*UNM portal.
2. Go to your **Employee tab** and select '**Catastrophic Leave Opt-o**ut.'
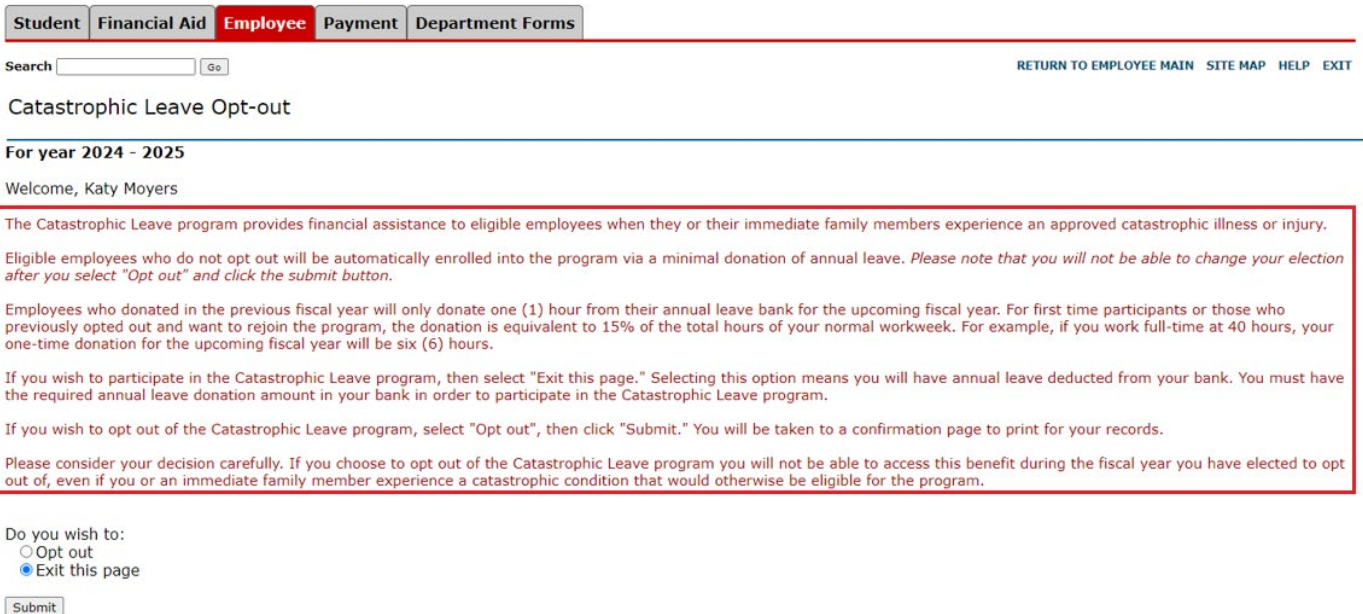

3. After you click on '**Catastrophic Leave Opt-out**' you will be directed to another screen that appears below. Make sure you read the instructions in the **RED** font; this explains what will occur based on your selection.

Student	Financial Aid	**Employee**	Payment	Department Forms

Search [_____] [Go]   RETURN TO EMPLOYEE MAIN   SITE MAP   HELP   EXIT

Catastrophic Leave Opt-out

For year 2024 - 2025

Welcome, Katy Moyers

The Catastrophic Leave program provides financial assistance to eligible employees when they or their immediate family members experience an approved catastrophic illness or injury.

Eligible employees who do not opt out will be automatically enrolled into the program via a minimal donation of annual leave. *Please note that you will not be able to change your election after you select "Opt out" and click the submit button.*

Employees who donated in the previous fiscal year will only donate one (1) hour from their annual leave bank for the upcoming fiscal year. For first time participants or those who previously opted out and want to rejoin the program, the donation is equivalent to 15% of the total hours of your normal workweek. For example, if you work full-time at 40 hours, your one-time donation for the upcoming fiscal year will be six (6) hours.

If you wish to participate in the Catastrophic Leave program, then select "Exit this page." Selecting this option means you will have annual leave deducted from your bank. You must have the required annual leave donation amount in your bank in order to participate in the Catastrophic Leave program.

If you wish to opt out of the Catastrophic Leave program, select "Opt out", then click "Submit." You will be taken to a confirmation page to print for your records.

Please consider your decision carefully. If you choose to opt out of the Catastrophic Leave program you will not be able to access this benefit during the fiscal year you have elected to opt out of, even if you or an immediate family member experience a catastrophic condition that would otherwise be eligible for the program.

Do you wish to:
○ Opt out
● Exit this page

[Submit]

4. Your choices are:
   a. **Opt out** – Please consider your decision carefully. By selecting this option you will not be able to access this benefit during the fiscal year you have elected to opt of, even if you or an immediate family member experience a catastrophic condition that would otherwise be eligible for the program.
   b. **Exit this page** – selecting this option, you will have an annual leave donation taken from your annual leave bank. Employees can only participate in the CAT Leave Program if their annual leave bank has sufficient balance to cover the donation.

5. After you make your selection then simply click on the '**Submit**' button.
6. If you selected '**Opt-out**,' then you will see a confirmation screen. You should print this screen for your records, then select '**Done**.'

CAT Leave Employee Opt Out

Name: Katy Moyers
NetID:
Banner ID:
Date: 03/28/2024

I have opted out of the Catastrophic Leave Program for 2024 - 2025

Print a copy of this page for your records. A confirmation e-mail will be sent to your preferred e-mail address.

Done

7. Selecting '**Exit this page**' simply closes the Catastrophic Leave opt-out page.