

CATASTROPHIC LEAVE DONATION AUTHORIZATION

(SEE BACK FOR INSTRUCTIONS)

| | | |
|---------------------------------------|-------------------------|--|
| PART A – RECIPIENT INFORMATION | | |
| NAME | DEPARTMENT/PROGRAM/UNIT | |
| CLASSIFICATION | BU # | |

| | | |
|-----------------------------------|-------------------------|------------------|
| PART B – DONOR INFORMATION | | |
| NAME | SOCIAL SECURITY NUMBER* | BU # |
| DEPARTMENT/PROGRAM/UNIT | CLASSIFICATION | TELEPHONE NUMBER |

All leave credit donations must be in accordance with the MOU provisions for the Donor's Bargaining Units or DPA rule.

I am donating the following leave credits: (SICK LEAVE CANNOT BE DONATED)

| | | | | | | |
|----------|--------------|------------------|----------------|-------|----------------|-------|
| VACATION | ANNUAL LEAVE | PERSONAL HOLIDAY | HOLIDAY CREDIT | CTO | PERSONAL LEAVE | OTHER |
| HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS |

Do you wish to remain anonymous to recipient? YES NO

| | |
|-------------------|------|
| DONOR'S SIGNATURE | DATE |
|-------------------|------|

PART C – DONOR'S HR OFFICE ONLY

Leave credits deducted from the donor's leave balances

| | | |
|---------------------------------------|------------------|------|
| TYPE OF LEAVE | HOURS DEDUCTED | DATE |
| TYPE OF LEAVE | HOURS DEDUCTED | DATE |
| TYPE OF LEAVE | HOURS DEDUCTED | DATE |
| TYPE OF LEAVE | HOURS DEDUCTED | DATE |
| TYPE OF LEAVE | HOURS DEDUCTED | DATE |
| SIGNATURE OF HR OFFICE REPRESENTATIVE | TELEPHONE NUMBER | |

PART D – RECIPIENT'S HR OFFICE ONLY

Leave credits transferred from the donor's leave balances

| | | |
|---------------------------------------|-------------------|------|
| TYPE OF LEAVE | HOURS TRANSFERRED | DATE |
| TYPE OF LEAVE | HOURS TRANSFERRED | DATE |
| TYPE OF LEAVE | HOURS TRANSFERRED | DATE |
| TYPE OF LEAVE | HOURS TRANSFERRED | DATE |
| SIGNATURE OF HR OFFICE REPRESENTATIVE | TELEPHONE NUMBER | |

*The Social Security Number you provided on this form will be used by the donor's Human Resources (HR) Office to properly document the donors and recipients leave balance with the State Controller's Office California Leave Accounting System.