

Review the applicable Bargaining Unit Agreement or CalHR rule prior to completing this form.

Completed forms must be sent to:

DGS – Office of Human Resources, Personnel Transactions Unit, 707 Third Street, MS 402, West Sacramento, CA 95605,
or via fax to (916) 376-5393.

SECTION 1 - DONATING EMPLOYEE

LAST NAME	FIRST NAME	M.I.	CBID
CLASSIFICATION	DEPARTMENT/UNIT	WORK EMAIL ADDRESS	

PLEASE INDICATE THE LEAVE TYPE AND NUMBER OF HOURS YOU WOULD LIKE TO DONATE TO THE RECIPIENT NAMED BELOW.

VACATION/ANNUAL LEAVE	HOLIDAY CREDIT	CTO
PERSONAL HOLIDAY	OTHER (SPECIFY)	

My signature below authorizes the transfer of my leave credit(s), as indicated above. I understand this donation is voluntary and my decision is irrevocable. I wish to remain an anonymous donor.

DONOR'S SIGNATURE	WORK PHONE NUMBER	DATE
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SECTION 2 - RECIPIENT INFORMATION

RECIPIENT'S FULL NAME	DEPARTMENT/UNIT
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SECTION 3 – PERSONNEL OFFICE (outside agency only)

NAME	TITLE	WORK EMAIL ADDRESS
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TOTAL HOURS AUTHORIZED FOR TRANSFER.

VACATION/ANNUAL LEAVE	HOLIDAY CREDIT	CTO
PERSONAL HOLIDAY	OTHER (SPECIFY)	

I have verified the above named donor has enough leave credits to transfer to the recipient. I have deducted those hours from the donor's leave balance.

PERSONNEL OFFICE SIGNATURE	WORK PHONE NUMBER	DATE
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SECTION 4 – DGS OFFICE OF HUMAN RESOURCES – PERSONNEL TRANSACTIONS UNIT

Please check all that apply:

I certify that the recipient's leave bank has been credited the number of hours indicated.

I have not credited the donated hours to the recipient's leave bank. Please explain below:

PERSONNEL SPECIALIST SIGNATURE	WORK PHONE NUMBER	DATE
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COPIES: Donor Agency to Provide Copy to Donor
Medical File
Personnel Transactions Unit