

A. DONOR'S INFORMATION

The following is a request to participate in the program checked. I have reviewed the applicable Bargaining Unit Agreement or CalHR rule prior to completing this form.

Catastrophic Leave Program Transfer of Leave Credits for Family Members

NAME _____ DEPARTMENT/UNIT _____

WORK PHONE _____ EMAIL _____ BARGAINING UNIT (CBID) _____

I wish to donate the following leave hours to the named recipient below:

	Vacation		Personal Holiday
	Annual Leave		CTO
	Holiday Credit		

I understand this donation is voluntary and my decision is irrevocable

DONOR'S SIGNATURE _____ DATE _____

B. RECIPIENT'S INFORMATION

NAME _____ DEPARTMENT/UNIT _____

C. DONOR'S PERSONNEL OFFICE INFORMATION

Total hours authorized for transfer:

	Vacation		Personal Holiday
	Annual Leave		CTO
	Holiday Credit		

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.

NAME _____ TITLE _____ WORK PHONE OR EMAIL _____

SIGNATURE _____ DATE _____

Please send the completed form to:

DGS – Office of Human Resources, 707 Third Street, 7th Floor, West Sacramento, CA 95605

D. DGS PERSONNEL OFFICE INFORMATION

I have transferred the credits authorized above to the named recipient

PERSONNEL SPECIALIST SIGNATURE _____ DATE _____