

CATASTROPHIC LEAVE DONATION RECORD

A. Recipient Information

Recipient name Alan Rook	Social security number 6800	Telephone number XXXX
Position number 580-632-3803-001	Bargaining unit or management designation (M, S, C, or E) R10	
Department Division of Radiation Safety & Environ Mngt		
Work location Brea		

B. Donor Information

The following is to request participation in the donation of personal leave credits in accordance with the Catastrophic Leave provision contained in the Bargaining Unit Agreement or Department of Personnel Administration rule.

Donor name	Social security number	Telephone number	
Position number	Bargaining unit or management designation (M, S, C, or E)		
Department			
Work location			
Hours of vacation	Hours of annual leave	Hours of CTO	Hours of holiday credits

I hereby make this donation with the understanding that my decision is voluntary and irrevocable.

Donor's signature <input type="checkbox"/>	Date
Donor's supervisor signature <input type="checkbox"/>	Date

C. Personnel Office—Confirmation of Credits Deducted and Received

Credits deducted and/or transferred—donor PSS/or Agency	Date
Credits received—recipient PSS/or Agency	Date

PRIVACY STATEMENT

Civil Code, Section 1798.17, and the Federal Privacy Act, 5USC 552a, subdivision (e)(3), require this notice be provided when collecting personal or confidential information from individuals.

Providing the social security number is mandatory. CDPH Personnel use information on this form for identification purposes only for the transfer of personal leave credits. Failure to furnish this information may result in inaccurate leave balances. Legal references authorizing maintenance of this information include Government Code, Section 1151 and 1153; Sections 6011 and 6051 of the Internal Revenue Code; and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Original to recipient agency, one copy each to: donor agency, recipient, and donor