



DEPARTMENT OF FISH AND GAME
CATASTROPHIC LEAVE DONATION RECORD



TO BE COMPLETED BY DONOR

IN ACCORDANCE WITH THE CATASTROPHIC LEAVE PROVISION CONTAINED IN THE BARGAINING UNIT'S MEMORANDUM OF UNDERSTANDING (MOU) OR DPA RULE, I WISH TO DONATE LEAVE CREDITS TO:

1. NAME OF RECIPIENT (Last, First, M.I.)		2. AGENCY/UNIT	3. CB ID
4. RECIPIENT'S DEPARTMENT		CITY WORK LOCATION	
5. DONATION—Hours Donated			
VACATION	ANNUAL LEAVE	CTO	PERSONAL LEAVE PROGRAM
			PERSONAL HOLIDAY CREDIT
			HOLIDAY CREDIT

I MAKE THIS DONATION WITH THE UNDERSTANDING THAT MY DECISION IS IRREVOCABLE!

6. DONOR'S NAME (Last, First, M.I.)	CB ID	DONOR'S SOCIAL SECURITY NUMBER
DONOR'S DEPARTMENT	CITY WORK LOCATION	WORK TELEPHONE NUMBER
DONOR'S SIGNATURE		DATE

TO BE COMPLETED BY DONOR'S HUMAN RESOURCES OFFICE

1. DONOR HAS THE NUMBER OF LEAVE CREDITS HOURS BEING DONATED	CREDITS VERIFIED BEGINNING OF	2. REMARKS
YES NO	PAY PERIOD	
3. SIGNATURE OF PERSONNEL SPECIALIST		TELEPHONE NUMBER
		DATE
4. DONOR'S DEPARTMENT VERIFIES TRANSFER OF LEAVE CREDITS IS IN ACCORDANCE WITH THE DONORS MOU OR DPA REGULATION	DONOR'S DEPARTMENT AUTHORIZED SIGNATURE	DATE
YES NO	PRINT NAME	TELEPHONE NUMBER

TO BE COMPLETED BY RECIPIENT'S HUMAN RESOURCES OFFICE

1. IS RECIPIENT ELIGIBLE TO RECEIVE LEAVE CREDITS FROM DONOR?	2. RECIPIENT'S SOCIAL SECURITY NUMBER	4. DATE CREDITED TO RECIPIENT
YES NO		
3. RECIPIENT'S DEPARTMENT WILL ACCEPT DONATED LEAVE CREDITS IN ACCORDANCE WITH THE MOU OR DPA REGULATION—If no, enter reason in remarks section below and return to Donor's Personnel Office	RECIPIENT'S DEPARTMENT AUTHORIZED SIGNATURE	DATE
YES NO	PRINT NAME	TELEPHONE NUMBER
5. DATE NOTIFIED DONOR'S HUMAN RESOURCES OFFICE OF CREDITS TO BE DEDUCTED FROM DONOR'S LEAVE BALANCE	NAME OF PERSON CONTACTED	TELEPHONE NUMBER
		DATE
6. HOURS ACCEPTED AND CREDITED TO RECIPIENT'S VACATION OR ANNUAL LEAVE BALANCE		
VACATION	ANNUAL LEAVE	CTO
		PERSONAL LEAVE PROGRAM
		PERSONAL HOLIDAY CREDIT
		HOLIDAY CREDIT
7. SIGNATURE OF PERSONNEL SPECIALIST		DATE
		TELEPHONE NUMBER

REMARKS