






State of California – Department of Fish and Wildlife
CATASTROPHIC LEAVE DONATION RECORD
 DFW 865 (REV. 05/09/16)

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 (Last 4)
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 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 (Last 4)	3. Date credited to recipient
YES _____ NO _____		
4. 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
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 	Telephone Number	Date
Remarks		