

CATASTROPHIC LEAVE DONATION RECORD

A. 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's Name: _____ Telephone # _____
Last First MI

Department _____ Work Location: _____

DONOR'S CB/ID

REPRESENTED: Bargaining Unit: _____
NON- REPRESENTED Management Designation: _____ (M, S, C, E)

B. RECIPIENT INFORMATION

The following leave credits are donated to:

Name of Employee: Pierskalla Brian A Telephone # _____
Last First MI

Department Military Work Location: _____

DONATION:

Hours of Vacation _____ Hours of Holiday Credits

Hours of CTO _____ Hours of Annual Leave

Personal Leave _____ Personal Holiday

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

Donor's Signature: _____ Date: _____

C. APPROVAL INFORMATION

Donor's Supervisor/ Designee: _____ Date: _____
Signature

Recipient's Supervisor/ Designee: _____ Date: _____
Signature

D. PERSONNEL OFFICE

Confirm Credits Transferred: _____ Date: _____
Signature Title

Confirm Credits Received: _____ Date: _____
Signature Title

Copies:

Donor _____ Personnel Office Transferred

Recipient _____ Personnel Office Received