CATASTROPHIC LEAVE DONATION AUTHORIZATION FORM

In accordance with the catastrophic leave provision contained in the Bargaining Unit’s Memorandum of Understanding (MOU) and/or the California Department of Human Resources (CalHR) rules and regulations, I hereby authorize the donation of my leave credits, as indicated below, for reasons of the recipient’s own catastrophic illness or injury.

Donor’s name: __________________________________
Agency: _______________________________________
Work Location: __________________

Recipient’s Name: _______________________________
Agency: _______________________________________
Work Location: __________________

Amount and type of leave credits to be donated.

Vacation (V) ________  Holiday Credit (HC)_______
Annual Leave (AL)_______  Compensating Time Off (CTO) ________
Personal Leave Program.( PLP) ________  Personal Holiday (PH) _______

I AUTHORIZE THIS DONATION WITH THE UNDERSTANDING THAT MY DECISION MAY BE IRREVOCABLE BASED ON THE BARGAINING UNIT MEMORANDUM OF UNDERSTANDING OR STATUS AS AN EXCLUDED EMPLOYEE.

Donor’s Signature: _______________________________  Date: _________________

Please return original to the California Coastal Commission’s Human Resources Office.
HUMAN RESOURCES OFFICE ONLY

Date Form Received: __________

Credits Available & Transferable: _____Yes _____No

Following hours to be accepted and credited to recipient:

- o_______ Vacation (V)
- o_______ Holiday Credit (HC)
- o_______ Annual Leave (AL)
- o_______ Compensating Time Off (CTO)
- o_______ Personal Leave Program (PLP)
- o_______ Personal Holiday (PH)

Leave credits donated from ____________ pay period.

Verified and processed by: _______________________________

Date: ________________________________________________