

CALIFORNIA COASTAL COMMISSION

45 FREMONT STREET, SUITE 2000
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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:

_____ Vacation (V)

_____ Holiday Credit (HC)

_____ Annual Leave (AL)

_____ Compensating Time Off (CTO)

_____ Personal Leave Program (PLP)

_____ Personal Holiday (PH)

Leave credits donated from _____ pay period.

Verified and processed by: _____

Date: _____