## CATASTROPHIC LEAVE DONATION RECORD

## A. Recipient Information

B.

C.

Recipient name Beverly Hill		Social security number XXXX		Telephone number XXXX
Position number		Bargaining unit or manager	ment designation (	
580-630-3803-055				
Department California Department	t of Dublic Hoolth			
California Department	t of Public Health			
	anch 1500 Capitol Avenue	e. Sacramento 95899		
	aren 1000 cupror 11 cm	,, 2		
Donor Information				
The following is to reque	st participation in the donati	on of personal leave cred	its in accorda	ance with the Catastrophic
	ed in the Bargaining Unit Ag			
Donor name		Social security number		Telephone number
		Joseph Good Ny Hamileon		, septione names
Position number		Bargaining unit or manager	ment designation (	M, S, C, or E)
Department				
Work location				
Hours of vacation	Hours of annual leave	Hours of CTO		Hours of holiday credits
	I			
I nereby make this don	ation with the understand	ing that my decision is v	oluntary an	d irrevocable.
Donor's signature		Date		
Describe a superior distriction			Date	
Donor's supervisor signature		Date		
			I	
Personnel Office—Con	firmation of Credits Deducte	ed and Received		
Credits deducted and/or transferred—donor PSS/or Agency			Date	
Credits received—recipient PSS/or Agency			Date	

## PRIVACY STATEMENT

Civil Code, Section 1798.17, and the Federal Privacy Act, 5USC 552a, subdivision (e)(3), require this notice be provided when collecting personal or confidential information from individuals.

Providing the social security number is mandatory. CDPH Personnel use information on this form for identification purposes only for the transfer of personal leave credits. Failure to furnish this information may result in inaccurate leave balances. Legal references authorizing maintenance of this information include Government Code, Section 1151 and 1153; Sections 6011 and 6051 of the Internal Revenue Code; and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.