

LEAVE DONATION RECORD

Copy of completed form must be returned to Donor's Personnel Office

TO BE COMPLETED BY DONOR

(In accordance with provisions contained in applicable Memorandums of Understanding or Department of Personnel Administration Rule and Policies, I wish to donate leave credits to the person listed below)

Type of Leave Bank Established (Check One):

- Catastrophic Leave Bank Catastrophic Leave Bank (Work and Family Program) Survivor's Leave Bank (For Excluded Employees Only)

1. NAME OF RECIPIENT (Last, First, Middle Initial)	2. TELEPHONE NUMBER (Work)	3. BARGAINING UNIT
4. CLASS TITLE	5. DEPARTMENT/DIVISION	

6. DONATION [Check appropriate box(es) and enter hours to be donated.]

- _____ VACATION _____ HOURS OF CTO* _____ ANNUAL LEAVE
- _____ PERSONAL HOLIDAY _____ HOLIDAY CREDIT _____ PERSONAL LEAVE
- _____ EXCESS LEAVE * Does not apply to Survivor's Leave Bank

7. DONOR'S NAME (Last, First, Middle Initial)	8. TELEPHONE NUMBER (Work)	9. BARGAINING UNIT
RELATIONSHIP TO RECIPIENT (Work and Family Program Donations Only):		

10. CLASS TITLE	11. DEPARTMENT/DIVISION
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I MAKE THIS DONATION VOLUNTARILY AND UNDERSTAND THAT MY LEAVE DONATION IS IRREVOCABLE.

SIGNATURE OF DONOR >	DATE
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CONFIDENTIALITY OF INFORMATION: Dissemination of information on this form is confidential and cannot be released without prior approval of both the donor and the recipient.

I WISH THIS DONATION TO BE ANONYMOUS (Please mark yes or no.): YES NO

TO BE COMPLETED BY DONOR'S PERSONNEL TRANSACTIONS OFFICE

1. DONOR HAS LEAVE CREDITS TO DONATE <input type="checkbox"/> YES <input type="checkbox"/> NO	PAY PERIOD	2. APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. AUTHORIZED SIGNATURE	TYPED NAME	PHONE NUMBER	DATE

TO BE COMPLETED BY RECIPIENT'S PERSONNEL TRANSACTIONS OFFICE

1. IS RECIPIENT ELIGIBLE TO RECEIVE CREDITS FROM DONOR? (If no, enter reason in remarks section and return to Donor's Personnel Office.) <input type="checkbox"/> YES <input type="checkbox"/> NO	2. ACCEPTED BY RECIPIENT'S DEPARTMENT? (If no, enter reason in remarks section and return to Donor's Personnel Office.) <input type="checkbox"/> YES <input type="checkbox"/> NO
3. TYPE AND NUMBER OF HOURS CREDITED TO RECIPIENT	4. DATE CREDITED TO RECIPIENT
5. SIGNATURE OF RECIPIENT'S PERSONNEL SERVICES SPECIALIST	DATE

6. REMARKS

LEAVE DONATION RECORD INSTRUCTIONS FOR COMPLETING FORM

PLEASE TYPE OR PRINT INFORMATION

TO BE COMPLETED BY DONOR

1. Enter last name, first name and middle initial of the recipient.
2. Enter recipient's telephone number.
3. If known, enter the recipient's collective bargaining unit identification.
4. Enter the recipient's class title.
5. Enter the name of the recipient's department and division.
6. Check the appropriate donation box(es) and enter the number of hours you wish to donate. Refer to respective MOU/DPA Rules for qualifying donations and minimum/maximum donation amounts.
7. Enter last name, first name and middle initial of the donor. For donations to Catastrophic Leave Bank (Work and Family Program) only, enter family relationship.
8. Enter donor's telephone number.
9. Enter the donor's collective bargaining unit identification.
10. Enter the donor's class title.
11. Enter the name of the donor's department and division.
12. Sign in block "Signature of Donor", complete "Date Signed" and check appropriate box regarding anonymity.

TO BE COMPLETED BY DONOR'S PERSONNEL TRANSACTIONS OFFICE

1. Verify if the credits donated are available and enter the pay period credits are available.
2. Approve or disapprove the transfer of leave credits.
3. Enter his/her name, telephone number, sign and date the form, and forward it to the recipient's Personnel Office for completion of Part C.

TO BE COMPLETED BY RECIPIENT'S PERSONNEL OFFICE

1. If the recipient is eligible to receive the donated credits.
2. Indicate acceptance or denial of donated leave credits.
3. Enter number of hours credited to recipient.
4. Enter the date the credits are posted to the recipient's leave balance.
5. Sign and date form.
6. Enter remarks, if any.
7. Forward a completed copy of the CalRecycle-6 to the donor's personnel office