

**Department of Toxic Substances Control**

**CATASTROPHIC LEAVE DONATION FORM**

*(see page 2 for instructions)*

|  |  |  |
| --- | --- | --- |
| **I voluntarily elect to donate catastrophic leave to** |  | **(Recipient’s name).** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A. DONOR INFORMATION** | | | | | | | | | | | | |
| Donor Name: | | | | | | | Department: | | | | | |
| Employee ID Number: | | | | | | | Division: | | | | | |
| Position Number: | | | | | | | Telephone: | | | | | |
| Bargaining Unit or Excluded Designation (M,S,C, or E): | | | | | | | | | | | | |
| **PART B. DONATION** | | | | | | | | | | | | |
|  | | Hours of Annual Leave (AL) | |  | | Hours of Vacation (VA) | | | | | | |
|  | | Hours of Compensating Time Off (CTO) | |  | | Hours of Personal Leave (PL) | | | | | | |
|  | | Hours of Holiday Credit (HC) | |  | | Days of Personal Holiday (PH) | | | | | | |
|  | | Hours of Excess (EX) | | | | | | | | | | |
| I want to make this donation anonymously.  YES  NO | | | | | | | | | | | | |
| **I HEREBY MAKE THIS VOLUNTARY DONATION WITH THE UNDERSTANDING THAT UNDER NO CIRCUMSTANCES MAY I RESCIND THIS AUTHORIZATION.** | | | | | | | | | | | | |
| **Donor Signature:** | | | | | | | | **Date:** | | | | |
| **PART C. TO BE COMPLETED BY PERSONNEL SPECIALIST(S)** | | | | | | | | | | | | |
|  | I deducted the number of hours indicated below from the Donor’s leave balances on | | | | | | | |  | | (date). | |
|  | | Hours of Annual Leave (AL) |  | | Hours of Vacation (VA) | | | | | | | |
|  | | Hours of Compensating Time Off (CTO) |  | | Hours of Personal Leave (PL) | | | | | | | |
|  | | Hours of Holiday Credit (HC) |  | | Days of Personal Holiday (PH) | | | | | | | |
|  | | Hours of Excess (EX) | | | | | | | | | | |
| Comments: | | | | | | | | | | | | |
| **Donor Personnel Specialist Signature:** | | | | | | | | **Date:** | | | | |
| **Donor Personnel Specialist Name (Print):** | | | | | | | | **Telephone Number:** | | | | |
|  | | | | | | | | | | | | |
|  | I credited the Recipient’s leave balances with the number of hours indicated below on | | | | | | | | |  | | (date). |
|  | I have **not** credited any hours to the Recipient’s leave balance and the hours should not be deducted from Donor because: | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Hours accepted and credited to the Recipient: | | | | | | | | | | | | |
|  | | Hours of Annual Leave (AL) |  | | Hours of Vacation (VA) | | | | | | | |
|  | | Hours of Compensating Time Off (CTO) |  | | Hours of Personal Leave (PL) | | | | | | | |
|  | | Hours of Holiday Credit (HC) |  | | Days of Personal Holiday (PH) | | | | | | | |
|  | | Hours of Excess (EX) | | | | | | | | | | |
| **Recipient Personnel Specialist Signature:** | | | | | | | | **Date:** | | | | |
| **Recipient Personnel Specialist Name (Print):** | | | | | | | | **Telephone Number:** | | | | |

## INSTRUCTIONS FOR COMPLETING CATASTROPHIC LEAVE DONATION FORM

**DONOR:**

* Fill in Recipient’s name at top of form.
* Complete PART A.
* Complete PART B.
* Retain a copy for your records and make note of the deduction from your leave balances.
* Forward the original form to the appropriate Personnel Specialist.

**DONOR’S PERSONNEL SPECIALIST:**

Upon receipt of the form from Donor:

* Verify Donor has sufficient leave credits to make the donation.
* Complete PART C by indicating the type of leave and number of hours transferred from Donor’s leave balances.
* Deduct the hours from the Donor’s leave balances.
* Return the signed, dated form to the Recipient’s Personnel Specialist.

**RECIPIENT’S PERSONNEL SPECIALIST:**

* Verify the CAT donation will not exceed the maximum donation limits per employees MOU.
* Process CAT leave donations on a first in, first used basis. Transfer donated hours to the Recipient as Vacation or Annual Leave on an as-needed basis only.
* Apply Recipient’s monthly leave credit accruals prior to processing CAT leave donations (if pay period is qualifying).
* After Donor’s Personnel Specialist has completed PART C and returned the form to you, complete the remaining (Recipient) portion of PART C.
* Maintain original form in Recipient’s CAT leave folder. Forward a copy of the completed form to the Donor.

**IF DONOR IS FROM ANOTHER STATE AGENCY:**

* Contact Donor’s Personnel Specialist.
* Fax a copy of the form to Donor’s Personnel Specialist.
* Upon receipt of the form from Donor’s Personnel Specialist with PART C completed, credit the donated hours to the Recipient.
* Retain a copy of the form for your records.
* Fax a completed copy of the form the Donor’s Personnel Specialist.

*Privacy Statement: This information is requested by the Department of Toxic Substances Control (DTSC), Office of Administrative Services, Human Resources Office by the authority granted by the Department of Human Resources Rules 599.925 and 599.925.1; and current Memoranda of Understanding. The purpose of this information is to facilitate the process of donated leave credits for DTSC employees who have been approved to participate in the Catastrophic Leave Program. All information is mandatory. Failure to provide answers to any of the questions may result in a delay or inability to process donated leave credits. For more information, please contact the DTSC Human Resources Office at 916.323.2678.*