**WATER RESOURCES CONTROL BOARD CATASTROPHIC LEAVE DONATION RECORD**

As a donor complete the information in Sections A and B only and mail to your personnel office for verification of the time offered. Your personnel office (if you’re not a Board employee) will forward this form to the Water Resources Control Board. You will receive a copy of this form after the credits are transferred or it is determined they are not needed.

**A. RECIPIENT INFORMATION**

 Name: David Bott Organization: DAS – 0600

**B. DONOR INFORMATION**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bargaining Unit # (CBID): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Personnel Office Phone (if you’re not a Board employee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I wish to donate the following leave hours to the above named recipient:

 Vacation Personal Holiday \_\_\_\_\_\_\_\_\_ CTO \_\_\_\_\_\_\_ Annual Leave

 **This donation is voluntary and my decision is irrevocable.**

Donor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 You may release my name to the recipient on request [ ]

**C. DONOR PERSONNEL OFFICE INFORMATION**

 Total Hours Authorized for Transfer:

 \_\_\_\_\_ Vacation \_\_\_\_\_\_ Personal Holiday \_\_\_\_\_\_\_\_\_ CTO \_\_\_\_\_\_\_ Annual Leave

 I have verified that the above named donor has enough hours to transfer to the recipient and I

 have deducted those hours from his/her leave balance.

 PSS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Send to: Water Resources Control Board, Personnel Office, M.S. G-8**

**D. BOARD PERSONNEL OFFICE INFORMATION**

 I have transferred the credits authorized above to the named recipient.

 PSS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies: Donor\_\_\_\_\_\_ Donor Agency\_\_\_\_\_\_\_ Board Personnel Office\_\_\_\_\_\_