

CATASTROPHIC TIME BANK DONATION AUTHORIZATION

CDC 869 (11/88)

DISTRIBUTION:ORIGINAL - RECIPIENT'S PERSONNEL OFFICE
GREEN- DONOR P/O SECOND NOTICE
CANARY - DONOR SECOND NOTICE
PINK - DONOR P/O FIRST NOTICE
GOLDENROD - DONOR FIRST NOTICE

PLEASE PRINT OR TYPE

PART A - DONATION INFORMATION					
DONOR TO COMPLETE PART A. SUBMIT ALL COPIES TO YOUR PERSONNEL OFFICE					
DONOR INFORMATION			RECIPIENT INFORMATION		
DONOR'S FULL NAME			RECIPIENT'S FULL NAME		
SOCIAL SECURITY NUMBER			LETICIA EGAN -1103		
POSITION NUMBER	BARGAINING UNIT		POSITION NUMBER OR CLASSIFICATION	BARGAINING UNIT	
			027-213-9275-068	R17	
STATE AGENCY	WORK LOCATION		STATE AGENCY	WORK LOCATION	
			CDCR	CSP-LAC	

LEAVE CREDITS DONATED (REFER TO THE DONOR'S CONTACT FOR MINIMUM DONATION INCREMENTS):

VACATION	ANNUAL LEAVE	PERSONAL HOLIDAY	HOLIDAY CREDIT	CTO	OTHER (SPECIFY)

I certify that I have sufficient leave credits currently available to make this donation. I understand that this donation is irrevocable. If the combination of this donation and my personal leave usage for the pay period from which these credits are deducted exceeds my available credits, I authorize the automatic establishment and collection of an accounts receivable based on the number of leave credits overused. I understand that the full net dollar amount will be automatically deducted from my next available pay warrant(s) until the overpayment is collected in full.

DONOR'S SIGNATURE	CLASSIFICATION	PHONE NUMBER	DATE
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YOUR NAME WILL BE IDENTIFIED AS A DONOR UPON REQUEST OF THE RECIPIENT UNLESS YOU CHECK THE BOX REQUESTING ANONYMITY. I REQUEST ANONYMITY.

PART B - DONOR'S PERSONNEL OFFICE	DATE RECEIVED
COMPLETE PART B. RETAIN PINK COPY. GIVE GOLDENROD COPY TO DONOR. FORWARD REMAINING COPIES TO RECIPIENT'S PERSONNEL OFFICE.	

WAS THE ABOVE DONATION DEDUCTED FROM THE DONOR'S LEAVE BALANCE(S)?

<input type="checkbox"/>	YES - ALL leave credit(s) donated were deducted from the donor's balances during the	PAY PERIOD(S)	TYPE/HOURS DEDUCTED
<input type="checkbox"/>	YES - PARTIAL leave credit(s) donated were deducted from the donor's balances during the	PAY PERIOD(S)	
The following were NOT deducted.		TYPE/HOURS NOT DEDUCTED	
<input type="checkbox"/>	NO - Leave credit(s) donated were NOT accepted because:	<input type="checkbox"/> MAXIMUM ALLOWED BY UNIT CONTRACT ALREADY DONATED <input type="checkbox"/> INSUFFICIENT LEAVE CREDITS AVAILABLE <input type="checkbox"/> OTHER (SPECIFY) _____	

SIGNATURE	CLASSIFICATION	PHONE NUMBER	DATE
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PART C - RECIPIENT'S PERSONNEL OFFICE	DATE RECEIVED
COMPLETE PART C. RETAIN ORIGINAL. SEND CANARY AND GREEN COPIES TO DONOR'S PERSONNEL OFFICE.	

WAS THE ABOVE DONATION USED BY THE RECIPIENT?

<input type="checkbox"/>	YES - ALL leave credit(s) donated were used during the	PAY PERIOD(S)
<input type="checkbox"/>	YES-PARTIAL leave credit(s) donated were used during the	PAY PERIOD(S)
The following were NOT used and are hereby returned to the donor.		TYPE/HOURS RETURNED
<input type="checkbox"/>	NO - Leave credit(s) donated were NOT needed and are hereby returned to the donor.	

SIGNATURE	CLASSIFICATION	PHONE NUMBER	DATE
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