

CATASTROPHIC LEAVE DONATION RECORD

A. Recipient Information

| | | | |
|-----------------|-----------------|-------------------------|-------|
| Recipient name | SSN (last four) | Telephone number | CBID* |
| Position number | Department | Work location (address) | |

B. Donor Information

The following is to request participation in the donation of personal leave credits in accordance with the Catastrophic Leave provision contained in the Bargaining Unit Agreement or California Department of Human Resources (CalHR) rule.

| | | | |
|-------------------|-------------------------|--------------|--------------------------|
| Donor name | Telephone number | CBID* | Position number |
| Department | Work location (address) | | |
| Hours of vacation | Hours of annual leave | Hours of CTO | Hours of holiday credits |

* *CBID* – Refer to the CalHR [pay scales](#) to identify the CBID associated with your classification, (Ex. R01; M01; S01; E99)

I hereby make this donation with the understanding that my decision is voluntary and irrevocable.

| | |
|------------------------------|------|
| Donor’s signature | Date |
| Donor’s supervisor signature | Date |

C. Personnel Office—Confirmation of Credits Deducted 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 last four numbers of your social security number is mandatory. DHCS 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.

Original to recipient agency, one copy each to: donor agency, recipient, and donor