CATASTROPHIC LEAVE DONATION AUTHORIZATION

CTC HR 41 (Rev. 02/16)

PROCESSING INSTRUCTIONS

Step 1. <u>Donor</u> Complete Part A & B Step 2. <u>Donor's Personnel Office</u> Complete Part C and forward to recipient's personnel office Step 3. Recipient's Personnel Office

Complete Part D and forward copy to donor's personnel office.

PART A – RECIPIENT INFORMATION									
Name					Department				
					Commission on Teacher Creden				
Classification					Position Number				CBID
PART B – DONOR INFORMATION									
Name					Department				
Classification					Telephone Number				CBID
All leave gradit denotions must be in accordance with the N					OLL provinions for the departs hargaini				it or DDA rulo
All leave credit donations must be in accordance with the MOU provisions for the donor's bargaining unit or DPA rule. Leave Credits Donated are:									
Vacation	Annual Leave		Pei	rsonal Holiday	Holiday Credit	СТО		Personal Leave Credit	
hrs		hrs		hrs	hrs		hrs	hrs	
Do you wish to remain anonymous to recipient? Yes No									
I certify that I have sufficient leave credits currently available to make this donation. I make this donation with the understanding that my decision is voluntary and irrevocable.									
Donor's Signature								Date	
Donor's Supervisor/Manager Signature								Date	
PART C - DONOR'S PERSONNEL OFFICE ONLY								Date Received	
Leave credits deducted from the donor's leave balances									
Type of Leave			Hours Deducted		Type of Leave			Hours Deducted	
Signature of Personnel Office					Telephone Number			Date	
PART D - RECIPIENT'S PERSONNEL OFFICE ONLY								Date Received	
Leave credits transferred to recipient's leave balances									
Type of Leave Hou Transfe		ırs Date		Type of Leave		Hours Transferred		Date	
		Hansie	, i i Gu				Hansie	iicu	
Signature of Personnel Office					Telephone Number			Date	

Comments: