

**CATASTROPHIC LEAVE DONATION AUTHORIZATION**

(Rev. Sept 2009)

PLEASE PRINT OR TYPE

<b>PART A: DONATION INFORMATION</b>					
DONOR TO COMPLETE PART A AND FORWARD TO THE HUMAN RESOURCES OFFICE					
<b>DONOR INFORMATION</b>			<b>RECIPIENT INFORMATION</b>		
Donor's Full Name		Last 4 SSN# _____	Recipient's Full Name		
Department		Division/Unit	Department		Division/Unit
CBID Represented:                      Non-Represented: BU _____                      BU _____                      DESIGNATION _____ (Management, Sup, Conf, Exempt)					
<b>LEAVE CREDITS DONATED</b> (REFER TO THE DONOR'S CONTRACT FOR MINIMUM DONATION INCREMENT(S):					
VACATION	ANNUAL LEAVE	PERSONAL HOLIDAY	HOLIDAY CREDIT	CTO	OTHER (SPECIFY)

**Confidential** – Donor wishes to remain anonymous to the recipient.

I certify that I have sufficient leave credits currently available to make this donation. I understand that this donation may be irrevocable.

DONOR'S SIGNATURE	PHONE NUMBER (    )	DATE
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DONOR'S SUPERVISOR'S SIGNATURE	PHONE NUMBER (    )	DATE
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**PART B: DONOR'S HUMAN RESOURCES OFFICE** (Complete if different than recipient's. Forward to recipient's Human Resources Office)

The number of hours indicated by the donor in Part A have been deducted from the donor's leave balances.

The number of hours indicated by the donor has not been deducted from their leave balance.  
Explanation: \_\_\_\_\_

SIGNATURE OF DONOR'S PS	PHONE NUMBER (    )	DATE
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**PART C: SOS' HUMAN RESOURCES OFFICE** (Complete and retain original, return one copy to donating employee, and forward copy to donor's human resources office, if different than recipient's.

I have credited the recipient's vacation/annual leave balance the number of hours indicated.

I have not credited any hours to the recipient's leave balances.  
Explanation: \_\_\_\_\_

SIGNATURE OF RECIPIENT'S PS	PHONE NUMBER (    )	DATE
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