

**LEAVE DONATION AUTHORIZATION
PM-0209 (REV 08/2007)**

Please Check One

 CATASTROPHIC LEAVE TRANSFER OF LEAVE CREDITS FOR FAMILY MEMBERS

Relationship to Recipient _____

Please Print or Type**PART A – DONATION INFORMATION (Donor to complete Part A. Submit all copies to your Personnel Office)****DONOR INFORMATION**

DONOR'S FULL NAME		EMPLOYEE ID (Staff Central)	SOCIAL SECURITY NUMBER (Last 4 digits)
POSITION NUMBER	BARGAINING UNIT	STATE AGENCY	WORK LOCATION

**REPRESENTED EMPLOYEES MINIMUM DONATION REQUIREMENT MAY VARY
(PLEASE REFER TO THE APPROPRIATE BARGAINING UNIT CONTRACT)****NON-REPRESENTED EMPLOYEES MAY DONATE MINIMUM 1 HOUR AND IN WHOLE HOUR INCREMENTS, THEREAFTER**

VACATION	ANNUAL LEAVE	PERSONAL HOLIDAY	HOLIDAY CREDIT	CTO	PLP
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I understand that this donation is irrevocable

DONOR'S SIGNATURE	WORK PHONE NUMBER	DATE
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RECIPIENT INFORMATION

RECIPIENT'S FULL NAME (Please Print Mark Swabey)	BARGAINING UNIT R01
STATE AGENCY CalTrans	WORK LOCATION 1120 N Street, Sacramento

PART B – DONOR'S PERSONNEL OFFICE (Complete Part B only. Submit all copies to Recipient's Personnel Office)

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

 YES - ALL leave credit(s) donated were deducted from the donor's balances.
(Excluded Employees Only: For Transfer of Leave Credits For Family Members, Donor MUST maintain a minimum balance of 80 hrs paid leave)

<input type="checkbox"/> YES -PARTIAL leave credit(s) donated were deducted from the donor's balances	TYPE OF LEAVE	NUMBER OF HOURS DEDUCTED
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 NO – Donations NOT deducted because INSUFFICIENT LEAVE CREDITS AVAILABLE OTHER (Specify) _____

<input type="checkbox"/> LEAVE DONATION(S) NOT USED WERE RESTORED TO DONOR	DATE RESTORED	PAY PERIOD RESTORED
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PERSONNEL SPECIALIST SIGNATURE	TELEPHONE NUMBER	DATE
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PART C – RECIPIENT'S PERSONNEL OFFICE (Complete Part C only, Retain Original, Disburse copies accordingly)

WAS THE ABOVE DONATION CREDITED TO THE RECIPIENT'S LEAVE BALANCES?

 YES – ALL leave credit(s) donated were used during the following pay period(s): _____ YES – PARTIAL leave credit(s) donated were used during the following pay periods(s): _____

<input type="checkbox"/> NO – Leave credit(s) donated were NOT needed and are being returned to the donor	TYPE OF LEAVE	NUMBER OF HOURS RETURNED
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PERSONNEL SPECIALIST SIGNATURE	PHONE NUMBER	DATE
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DISTRIBUTION:

RECIPIENT'S PERSONNEL OFFICE

DONOR'S PERSONNEL OFFICE

DONOR