

**PART A: TO BE COMPLETED BY DONATING EMPLOYEE**

Complete the following and forward to your Personnel Office

<b>DONOR</b>	
NAME	
CLASSIFICATION	
POSITION NUMBER	
WORK LOCATION	
BARGAINING UNIT	UNREPRESENTED

<b>RECIPIENT</b>	
NAME	
CLASSIFICATION	
POSITION NUMBER	
WORK LOCATION	
BARGAINING UNIT	UNREPRESENTED

I hereby donate and authorize the transfer of my leave credits to the Catastrophic Time Bank for the above named employee. I acknowledge that under no circumstances may I rescind this authorization.

CTO DAYS	VACATION DAYS	ANNUAL LEAVE	HOLIDAYS
----------	---------------	--------------	----------

SIGNATURE OF DONOR	DATE	TELEPHONE NUMBER
--------------------	------	------------------

**PART B: TO BE COMPLETED BY DONOR'S PERSONNEL OFFICE**

Complete the following and forward to the recipient's Personnel Office.

- The number of days in Part A by the donor have been deducted from the donor's leave balance.
- The number of days indicated by the donor have not been deducted from the donor's leave balance. The amount indicated below has been deducted.

CTO DAYS	VACATION DAYS	ANNUAL LEAVE	HOLIDAYS	NO DEDUCTIONS
----------	---------------	--------------	----------	---------------

Explanation of Deduction Change:

SIGNATURE OF DONOR'S PERSONNEL CLERK	DATE	TELEPHONE
--------------------------------------	------	-----------

**PART C: RECIPIENT'S PERSONNEL OFFICE**

Complete the following, retain one copy, return one copy to donating employee and forward original to donor's Personnel Office.

I have credited to the recipient's leave balance the number of days indicated by:

- The donor
- The donor's Personnel Office

I have not credited any hours to the recipient's leave balance and they should be restored to donor because:

SIGNATURE OF DONOR'S PERSONNEL CLERK	DATE	TELEPHONE
--------------------------------------	------	-----------