

COUNTY OF YOLO
CATASTROPHIC LEAVE BANK PROGRAM
DONATION TO THE CATASTROPHIC LEAVE BANK

PLEASE TYPE OR
 PRINT LEGIBLY

Accrued leave may be donated in one (1) hour increments only.
 Leave balances will be reduced on the pay period following notification to Payroll of donation approval.

INSTRUCTIONS

1. **Donor employee:** Complete and sign Part I and forward to Human Resources, Courier #60.
2. **Human Resources:** Complete and sign Part II, approving or denying donated leave time, and forward to Payroll for processing
3. **Payroll:** Reduce the donor employee's leave balances, retain original donation form and forward a copy to the donor employee.

PART I – COMPLETED BY DONOR

Name of Donor (Last, First, Middle Initial)		Contact Telephone Number	Employee ID#
Department		If donating for a specific employee, name of that employee	
Number of Vacation Leave Hours Donated	Number of Sick Leave Hours Donated	Number of Floating Holiday Hours Donated	Number of Administrative Leave Hours Donated

CERTIFICATION OF VOLUNTARY DONATION

I Certify that:

I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten or coerce me to donate to the Catastrophic Leave Bank Program. I understand that my donation is irrevocable until or unless I become personally eligible for Donated Leave. I further understand that donations made to a specific employee but not used by that employee will revert to the Catastrophic Leave Bank.

Signature of Donor	Date
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PART II – COMPLETED BY HUMAN RESOURCES

Vacation Leave Hours Balance After Donation	Sick Leave Hours Balance After Donation	Floating Holiday Hours Balance After Donation	Administrative Leave Hours Balance After Donation
Effective Date of Balance	Donor's Employment Status <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	Employee is qualified to donate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason for disqualification:

DECISION OF HUMAN RESOURCES

It is the decision of Human Resources that:

The donation of leave time from this employee be approved YES NO

DECISIONS RENDERED BY HUMAN RESOURCES ARE FINAL AND NOT SUBJECT TO APPEAL

Signature of Authorized Human Resources Designee	Date
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PART III – ACKNOWLEDGEMENT OF PROCESSING BY PAYROLL

Signature of Payroll Designee	Date
Retain original in Payroll Forward copy to Donor Employee	Payroll Period – Leave Donation Processed