



# APPLICATION CATASTROPHIC LEAVE PROGRAM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department Name: \_\_\_\_\_ Dept. Number: \_\_\_\_\_

Pony Number: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_

**You must donate a minimum of eight (8) hours. If donating sick time, you are only allowed to donate one (1) hour of sick time for every four hours of other leave type donated.**

Please indicate the type and amount of leave to be donated:

LEAVE TYPE	HOURS
Vacation	
Holiday	
<b>Compensatory Time - Permissible for only Work Groups 1 and 5</b> (Confidential Members, DA/CO Counsel Members, Elected Members, LAWLIB/LAFCO, Management Members, CNA)	
<b>Management Overtime - Permissible for Work Group 4</b> (Management Overtime and Management Administrative Leave)	
<b>Sick Leave</b> (You may only donate 1 hour of sick for every 4 hours of other leave types i.e.: 1 sick hour with 4 vacation)	
<b>TOTAL</b>	

I understand that once I have given this time to the receiving employee that **I WILL NOT**, under any circumstances be permitted to receive this time back, except in the event of untimely death of a Catastrophic Leave recipient. Any excess leave will be returned to the donating employees on a last in/first out basis (i.e.; excess leave would be returned to the last employee(s) who have donated.)

My signature below constitutes my authorization to deduct the above time from my records and credit them to the employee identified.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Receiving Department Head Approval:

\_\_\_\_\_  
Department Head Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

**UPON COMPLETION PLEASE FORWARD THIS DONATION FORM DIRECTLY TO THE RECEIVING EMPLOYEE'S DEPARTMENT HEAD. IF APPROVED BY THE DEPARTMENT HEAD, THE FORM WILL BE SENT TO THE CONTROLLER'S OFFICE TO DEBIT YOUR ACCOUNT AND CREDIT THE RECEIVING EMPLOYEE'S ACCOUNT.**