

COUNTY OF SOLANO CATASTROPHIC LEAVE PROGRAM DONATION of TIME FORM (SEIU 1021 Employees Only)

	EMPL ID): 	
Name:	Bargaining	Bargaining Unit:	
Department:	Telephone	Telephone Number:	
Donated Leave to be Credit			
To Specific Employee	e Recipient's Name:		
	Recipient's Dept:		
To Catastrophic Leave	e Bank		
Type of Leave Donated	Number of Hours		
Vacation Leave Compensatory Leave Holiday Compensatory Leave Administrative Leave			
amount of time donated shall leave hours which would redu	not exceed eighty [80] hours per cale	of four [4] hours per donation. The total endar year. An employee cannot donate han 40 hours. These limits shall be pro-	
Catastrophic Leave Bank. If to a specific employee and the Bank criteria. Should this occ	further understand that donated leave e Committee determines the employe	d at 75% to the employee and 25% to the is irrevocable unless the donation is made ee does not meet the Catastrophic Leave	
Return donated hours	to my leave balance(s)		
My signature below constitute credit them as identified above	•	ove hours from my leave balance(s) and	
Donor's Signature:	ete Catastrophic Leave Program guidelines	Date:	
Please see the MOU for the compl	ete Catastrophic Leave Program guideunes	۲.	
Approved: Denied	l: Reason for Denial:		
Department Head Signature	Print Name	 Date	
Approved: Denied	l: Reason for Denial:		
Auditor-Controller's Office, l	Payroll Division	Date	
	For Auditor-Payroll Use O	nly	
Payday hours subtracted from donor's balance as indicated above: Payday hours added to recipient's leave balance: Date forms distributed to donor and departments:		Date Received: Date Posted: Posted By:	