

CATASTROPHIC TIME BANK DONATION AUTHORIZATION

CDC 869 (11/88)

DISTRIBUTION: ORIGINAL - RECIPIENT'S PERSONNEL OFFICE GREEN- DONOR P/O SECOND NOTICE CANARY - DONOR SECOND NOTICE PINK - DONOR P/O FIRST NOTICE GOLDENROD - DONOR FIRST NOTICE

PLEASE PRINT OR TYPE

PART A - DONATION INFORMATION DONOR TO COMPLETE PART A. SUBMIT ALL COPIES TO YOUR PERSONNEL OFFICE

Form with fields for DONOR INFORMATION (Full Name, SSN, Position, Agency) and RECIPIENT INFORMATION (Full Name, Position, Agency). Includes handwritten entry for Francis Vierra, CDCR/CHCF, Food Services.

LEAVE CREDITS DONATED (REFER TO THE DONOR'S CONTACT FOR MINIMUM DONATION INCREMENTS):

Table with columns: VACATION, ANNUAL LEAVE, PERSONAL HOLIDAY, HOLIDAY CREDIT, CTO, OTHER (SPECIFY)

I certify that I have sufficient leave credits currently available to make this donation. I understand that this donation is irrevocable. If the combination of this donation and my personal leave usage for the pay period from which these credits are deducted exceeds my available credits, I authorize the automatic establishment and collection of an accounts receivable based on the number of leave credits overused.

Form with fields for DONOR'S SIGNATURE, CLASSIFICATION, PHONE NUMBER, DATE

YOUR NAME WILL BE IDENTIFIED AS A DONOR UPON REQUEST OF THE RECIPIENT UNLESS YOU CHECK THE BOX REQUESTING ANONYMITY. [ ] I REQUEST ANONYMITY.

PART B - DONOR'S PERSONNEL OFFICE COMPLETE PART B. RETAIN PINK COPY. GIVE GOLDENROD COPY TO DONOR. FORWARD REMAINING COPIES TO RECIPIENT'S PERSONNEL OFFICE. DATE RECEIVED

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

Form with checkboxes for YES-ALL, YES-PARTIAL, NO, and fields for PAY PERIOD(S) and TYPE/HOURS DEDUCTED/NOT DEDUCTED.

Form with fields for SIGNATURE, CLASSIFICATION, PHONE NUMBER, DATE

PART C - RECIPIENT'S PERSONNEL OFFICE COMPLETE PART C. RETAIN ORIGINAL. SEND CANARY AND GREEN COPIES TO DONOR'S PERSONNEL OFFICE. DATE RECEIVED

WAS THE ABOVE DONATION USED BY THE RECIPIENT?

Form with checkboxes for YES-ALL, YES-PARTIAL, NO, and fields for PAY PERIOD(S) and TYPE/HOURS RETURNED.

Form with fields for SIGNATURE, CLASSIFICATION, PHONE NUMBER, DATE