STATE OF CALIFORNIA

# CATASTROPHIC TIME BANK DONATION AUTHORIZATION

CDC 869 (11/88)

DEPARTMENT OF CORRECTIONS

PLEASE PRINT OR TYPE

## PART A - DONATION INFORMATION

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

| DONOR INFORMATION | | RECIPIENT INFORMATION | |
|---|---|---|---|
| DONOR'S FULL NAME | | | |
| SOCIAL SECURITY NUMBER | | RECIPIENT'S FULL NAME | James A. Conwell |
| POSITION NUMBER | BARGAINING UNIT | POSITION NUMBER OR CLASSIFICATION | Clinical Social Worker / BARGAINING UNIT: R019 |
| STATE AGENCY | WORK LOCATION | STATE AGENCY | CSATF-CORCORAN / WORK LOCATION: CORCORAN |

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

| 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. I understand that the full net dollar amount will be automatically deducted from my next available pay warrant(s) until the overpayment is collected in full.

| 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 GOLDEN ROD TO DONOR, FORWARD REMAINING COPIES TO RECIPIENT'S PERSONNEL OFFICE.

DATE RECEIVED:

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

☐ YES - ALL leave credit(s) were deducted from the donor's balances during the — PAY PERIOD(S): — TYPE / HOURS DEDUCTED:

☐ YES - PARTIAL leave credit(s) were deducted from the donor's balances during the — PAY PERIOD(S):

The following were NOT deducted. — TYPE / HOURS NOT DEDUCTED:

☐ NO - Leave credit(s) donated were NOT accepted because:

☐ MAXIMUM ALLOWED BY UNIT CONTRACT ALREADY DONATED
☐ INSUFFICIENT LEAVE CREDITS AVAILABLE
☐ OTHER (SPECIFY)

| SIGNATURE | CLASSIFICATION | PHONE NUMBER | DATE |
|---|---|---|---|
| | | | |

## PART C - RECIPIENT'S PERSONNEL OFFICE

COMPLETE PART C, RETAIN ORIGINAL, SEND CANARY AND GREEN COPIES TO DONOR, FORWARD REMAINING COPIES TO PERSONNEL OFFICE.

DATE RECEIVED:

**WAS THE ABOVE DONATION USED BY THE RECIPIENT?**

☐ YES - ALL leave credit(s) were used during the — PAY PERIOD(S): — TYPE / HOURS DEDUCTED:

☐ YES - PARTIAL leave credit(s) deducted were used during the — PAY PERIOD(S):

The following were NOT used and are hereby returned to the donor. — TYPE / HOURS NOT DEDUCTED:

☐ NO - Leave credit(s) donated were NOT needed and are hereby returned to the donor.

| SIGNATURE | CLASSIFICATION | PHONE NUMBER | DATE |
|---|---|---|---|
| | | | |