

STATE OF CALIFORNIA
 DEPARTMENT OF FORESTRY AND FIRE PROTECTION
CATASTROPHIC TIME BANK TRANSFER AUTHORIZATION
 CDF 82 (11/89)

PART A: TO BE COMPLETED BY DONATING EMPLOYEE

Complete the following and forward to your Personnel Office

| | | | |
|---|---|--------------|----------|
| <p>DONOR</p> <p>NAME</p> <p>CLASSIFICATION</p> <p>POSITION NUMBER</p> <p>WORK LOCATION</p> <p>BARGAINING UNIT UNREPRESENTED</p> | <p>RECIPIENT</p> <p>NAME</p> <p>CLASSIFICATION</p> <p>POSITION NUMBER</p> <p>WORK LOCATION</p> <p>BARGAINING UNIT UNREPRESENTED</p> | | |
| <p>I hereby donate and authorize the transfer of my leave credits to the Catastrophic Time Bank for the above named employee. I acknowledge that under no circumstances may I rescind this authorization.</p> | | | |
| CTO DAYS | VACATION DAYS | ANNUAL LEAVE | HOLIDAYS |

| | | |
|--------------------|------|------------------|
| SIGNATURE OF DONOR | DATE | TELEPHONE NUMBER |
|--------------------|------|------------------|

PART B: TO BE COMPLETED BY DONOR'S PERSONNEL OFFICE

Complete the following and forward to the recipient's Personnel Office.

- The number of days in Part A by the donor have been deducted from the donor's leave balance.
- The number of days indicated by the donor have not been deducted from the donor's leave balance. The amount indicated below has been deducted.

| | | | | |
|----------|---------------|--------------|----------|---------------|
| CTO DAYS | VACATION DAYS | ANNUAL LEAVE | HOLIDAYS | NO DEDUCTIONS |
|----------|---------------|--------------|----------|---------------|

Explanation of Deduction Change:

| | | |
|--------------------------------------|------|-----------|
| SIGNATURE OF DONOR'S PERSONNEL CLERK | DATE | TELEPHONE |
|--------------------------------------|------|-----------|

PART C: RECIPIENT'S PERSONNEL OFFICE

Complete the following, retain one copy, return one copy to donating employee and forward original to donor's Personnel Office.

I have credited to the recipient's leave balance the number of days indicated by:

- The donor The donor's Personnel Office
- I have not credited any hours to the recipient's leave balance and they should be restored to donor because:

| | | |
|--------------------------------------|------|-----------|
| SIGNATURE OF DONOR'S PERSONNEL CLERK | DATE | TELEPHONE |
|--------------------------------------|------|-----------|

Original: Donor's Personnel Office
 Duplicate: Donating Employee
 Triplicate: Recipient's Personnel Office