



**CONTRA COSTA COUNTY
CATASTROPHIC LEAVE BANK DONOR AUTHORIZATION FORM**

Employee Name: _____ Department: _____

Employee Number: _____ Work Phone: _____

You may donate either to the General Bank or to a specific employee. When donating to a specific employee, 25% of the monies, in accordance with the Labor Coalition agreement, will automatically be transferred to the General Catastrophic Leave Bank and the remaining 75% to the specific employee.

You must donate a minimum of four (4) hours per donation and may not donate more than 120 hours per calendar year.
Please check the type of time and number of hours you are donating:

- Vacation Number of Hours: _____
- Holiday (Compensatory Time) Number of Hours: _____
- Compensatory Time Number of Hours: _____
- Personal Holiday Number of Hours: _____

Option 1: General Bank

I understand that once I have donated hours to the catastrophic leave bank, I will not, under any circumstances, be permitted to receive these hours back.

Option 2: Employee Selected for Donation:

Employee Name _____ Employee Number & Department _____

I understand that, in the event the Committee determines the employee does not meet the eligibility criteria, I have the option of having my donation returned to my account or transferred to the General Catastrophic Leave Bank. **Please select one option:**

- Return entire donation to my account
- Return 75% of my donation and leave the remaining 25% in the General Bank
- Transfer entire donation to the General Bank

My signature below constitutes my authorization to deduct the above hours from my payroll account and credit them as designated:

Employee Signature _____ Date _____

Upon completion of the above information, submit this form **directly** to your department payroll clerk.

Department Payroll Clerk Certification (To be completed by department payroll clerk)

	Date	Vac. Hours	Comp. Time	Holiday Comp	Personal Holiday
Accural verification as of:	_____	_____	_____	_____	_____

Donated Hours and Pay Period Transferred & Approved: _____
Hours Pay Period Date

Payroll Clerk Name (Print) _____ Signature _____ Date _____
 Phone Number: _____ Ext.: _____ Fax: _____

Payroll Clerk: Upon completion of the above information, please forward this form directly to the Employee Benefits Service Unit.

FOR COMPLETION BY THE EMPLOYEE BENEFITS SERVICE UNIT

Date Donated Hours Transferred # of Hours
 to Bank: _____ & Type: _____ Pay period: _____

Verified by: _____
Signature Date