



**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 No. & Ext: \_\_\_\_\_ Department General Email: \_\_\_\_\_

**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 (EBSU)**

Date Donated Hours Transferred to Bank: \_\_\_\_\_ Pay period: \_\_\_\_\_

# of Hours per Vac: \_\_\_\_\_ Holiday Comp: \_\_\_\_\_ Comp Time: \_\_\_\_\_ PHL: \_\_\_\_\_

Verified by: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_