






State of California – Department of Fish and Wildlife
CATASTROPHIC LEAVE DONATION RECORD
 DFW 865 (REV. 05/09/16)

| TO BE COMPLETED BY DONOR | | |
|--|--|---|
| In accordance with the Catastrophic Leave Provision contained in The Bargaining Unit's Memorandum of Understanding (MOU) or DPA rule, I wish to donate Leave Credits to: | | |
| 1. Name of Recipient (Last, First, M.I.) | 2. Agency/Unit | 3. CB ID |
| 4. Recipient's Department | City Work Location | |
| 5. Donation-Hours Donated | | |
| Vacation _____ | Annual Leave _____ | CTO _____ |
| | Personal Leave Program _____ | Personal Holiday Credit _____ |
| | | Holiday Credit _____ |
| I make this donation with the understanding that my decision is irrevocable | | |
| 6. Donor's Name (Last, First, M.I.) | CB ID | Donor's Social Security Number (Last 4) |
| Donor's Department | City Work Location | Work Telephone Number |
| Donor's Signature  | Date | |
| TO BE COMPLETED BY DONOR'S HUMAN RESOURCES OFFICE | | |
| 1. Donor has the number of leave credits being donated | Credits Verified Beginning of _____ Pay Period | 2. Remarks |
| YES _____ NO _____ | | |
| 3. Signature of Personnel Specialist  | Telephone Number | Date |
| 4. Donor's department verifies transfer of leave credits is in accordance with the Donors MOU or DPA regulation | Donor's Department Authorized Signature  | Date |
| YES _____ NO _____ | Print Name | Telephone Number |
| TO BE COMPLETED BY RECIPIENT'S HUMAN RESOURCES OFFICE | | |
| 1. Is recipient eligible to receive leave credits from Donor? YES _____ NO _____ | 2. Recipient's Social Security Number (Last 4) | 3. Date credited to recipient |
| 4. Recipient's department will accept donated leave credits in accordance with the MOU or DPA regulation – If no, enter reason in remarks section below and return to Donor's Personnel Office | Recipient's department authorized signature  | Date |
| YES _____ NO _____ | Print Name | Telephone Number |
| 5. Date notified donor's human resources office of credits to be deducted from donor's leave balance _____ | Name of person contacted | Telephone Number |
| 6. Hours accepted and credited to Recipient's vacation or annual leave balance | | |
| Vacation _____ | Annual Leave _____ | CTO _____ |
| | Personal Leave Program _____ | Personal Holiday Credit _____ |
| | | Holiday Credit _____ |
| 7. Signature of Personnel Specialist  | Telephone Number | Date |
| Remarks | | |