

**CATASTROPHIC/ DECEDENT LEAVE TRANSFER**

I wish to assist another employee who is experiencing a catastrophic illness/injury to himself/herself, spouse, or dependent minor child

I wish to donate to the beneficiary or estate of a deceased employee.

I hereby authorize the Auditor-Controller to transfer \_\_\_\_\_ vacation hours and/or \_\_\_\_\_ compensatory hours from my accrued balances to \_\_\_\_\_  
(Employee Name)

I will have 40 or more vacation hours remaining after this transfer. (Transfers must be in one hour increments)

I understand that if more than 340 hours are donated to this employee, this transfer will not be processed but returned to my payroll clerk, unless an extension is granted by the Director of Human Resources (Decedent not entitled to extension).

I understand that this is a confidential transaction between me and the person to whom I am donating these hours. If recipient requests a list of donors it will be supplied to the recipient by the Auditor's office.

Please indicate by marking the box if you do not want to be included in the release to recipient.

Print your name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Your Department \_\_\_\_\_

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The Auditor's Office will credit the recipient by processing an Adjust Balance form to debit the donor and credit the recipient. Copies will be sent to the appropriate Payroll Clerks. Receipt of the Adjust Balance Credit or verbal verification of available balances from the Auditor's Office authorizes the use of donated hours. Donations for Illness/Injury will be converted to sick leave and should be paid using 09 in time entry. Donations related to decedent benefit will be converted to vacation, and paid-off as 21 vacation payoff at the end of the 30 day waiting period.

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**AUDITOR'S OFFICE ONLY**

Donor's present rate of pay \_\_\_\_\_.

Donor's present vacation balance \_\_\_\_\_. Balance after transfer \_\_\_\_\_.

Donor's present comp balance \_\_\_\_\_. Balance after transfer \_\_\_\_\_.

Recipient's Social Security No. \_\_\_\_\_. Department No. \_\_\_\_\_.

Date received by Auditor's Office: