

State of California

M E M O R A N D U M

To: PERSONNEL MANAGEMENT LIAISONS

Date: May 3, 1989

Reference Code: 89-24

THIS MEMORANDUM SHOULD BE IMMEDIATELY DISTRIBUTED TO:

Employee Relations Officers
Personnel Officers

From: Department of Personnel Administration
Labor Relations Division

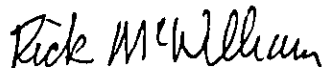
Subject: Catastrophic Leave

With the cooperation of the DPA Advisory Committee the attached Catastrophic Leave Donation Record form has been developed. It is to be used by all Departments who do not already have their own form for this process.

Should this form not meet a Departments' specific need, you may create your own. We ask however that whatever is developed include the information requested on the DPA form.

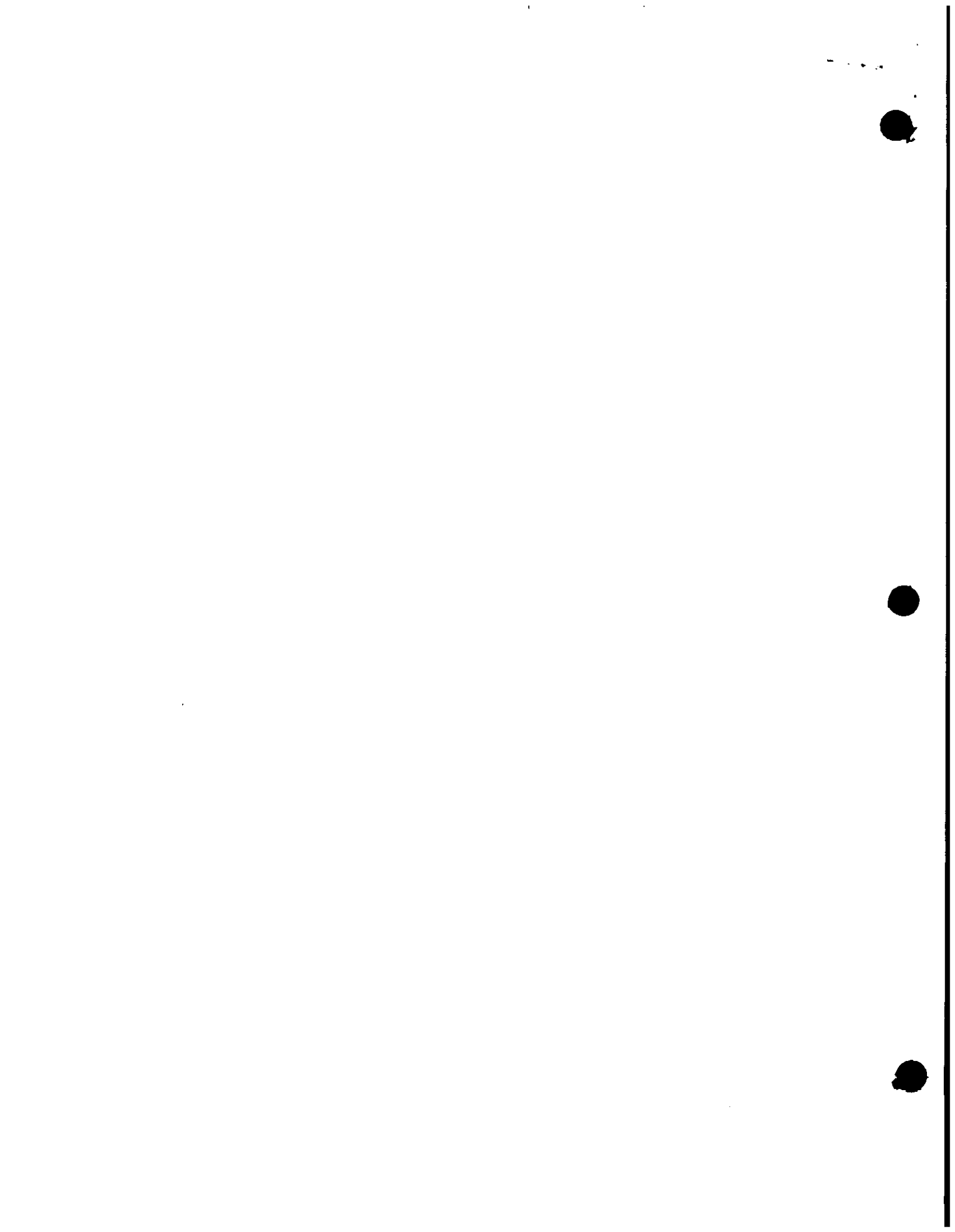
Note also that DPA Rule 599.925 (Catastrophic Time for non-represented employees) has been revised effective April 1, 1989. It has been clarified that non-represented employees designated managerial and supervisory as defined by Government Code 3512 (e) and 3522.1 respectively may not receive credits from a rank and file employee. This allows confidentials and other excluded employees to receive such credit.

Any questions pertaining to this may be directed to Larry C. Larsen at (916) 324-0506 ATSS 454-0506.



Rick McWilliam
Chief of Labor Relations

Attachment



CATASTROPHIC LEAVE DONATION RECORD

A. DONOR INFORMATION

The following is to request participation in the donation of personal leave credits in accordance with the Catastrophic Leave provision contained in the Bargaining Unit Agreement or Department of Personnel Administration rule.

Donor's Name: _____ Telephone # _____
 Last First MI

Department _____ Work Location: _____

DONOR'S CB/ID

_____ REPRESENTED: Bargaining Unit: _____
_____ NON-REPRESENTED: Management Designation: _____ (M, S, C, E)

B. RECIPIENT INFORMATION

The following leave credits are donated to:

Name of Employee: _____
 Last First M/I

Department _____ Work Location: _____

DONATION:

_____ Hours of Vacation _____ Hours of Holiday Credits
_____ Hours of CTO _____ Hours of Annual Leave

I make this donation with the understanding that my decision is irrevocable.

Donor's Signature: _____ Date: _____

C. APPROVAL INFORMATION

Donor's Supervisor/Designee: _____ Date: _____
 Signature

Recipient's Supervisor/Designee: _____ Date: _____
 Signature

D. PERSONNEL OFFICE

Confirm Credits Transferred: _____ Date: _____
 Signature Title

Confirm Credits Received: _____ Date: _____
 Signature Title

Copies:

_____ Donor _____ Personnel Office Transferred
_____ Recipient _____ Personnel Office Received

