City and County of San Francisco ● San Francisco Unified School District ● San Francisco Community College

Donor's Vacation/Sick Pay Transfer Form for Catastrophically ILL Employee (CAT ILL)

CAT ILL PPE_____
REC. I.D. #_____
EXP. DATE_____
D. SAL RATE_____

Donor Condition:

- Donor must retain at least **64** hours of sick leave credits.
- Donor **must not** be **catastrophically ill**.

Transfer Conditions:

- The transfer must be in units of **8** hours.
- A maximum of **160** hours per pay period, **80** hours per individual CIP employee, and **480** hours per fiscal year may be transferred.
- Marital Status Declaration of Spousal Consent must be completed below.
- Once transferred, all donations are **irrevocable**.
- Leave credits may be transferred to CIP Pool or individual once per pay period per recipient.
- Donations are subject to the San Francisco Administrative Code, Section 16.9-29A.

I have read and do understand the above conditions. I declare under penalty of perjury that I have not and will not solicit or accept any compensation, directly or indirectly, for the leave hours that I am transferring. I further declare that I am transferring the leave hours of my own free will and not under threat or coercion by any individual.

I choose to transfer ☐☐ **hours of SICK PAY CREDITS and/or** ☐☐ **hours of VACATION CREDITS to the**

CIP Pool or Recipient Identification Number: ☐☐☐☐☐☐

DONOR'S NAME (PLEASE PRINT) _____ DONOR'S SIGNATURE _____ DATE _____

☐☐☐–☐☐–☐☐☐☐ DONOR'S SOCIAL SECURITY NUMBER

☐☐☐☐☐☐☐☐☐☐☐ DONOR'S EMPLOYEE NO. MPID TCD

☐☐ DEPT.NO.

MARITAL STATUS DECLARATION

I, _____, declare under penalty of perjury that:
PRINT NAME

CHECK ONE:

☐ I am not married;

☐ I do not know, and I have taken all reasonable steps to determine, the whereabouts of my current spouse;

☐ My current spouse and I have executed a marriage settlement agreement pursuant to Title II of Part 5 of Division 4 of the California Civil Code (or a predecessor statute, if applicable) which makes my earnings my separate property.

_____ _____
DONOR'S SIGNATURE DATE

OR SPOUSAL CONSENT

I, _____, declare under penalty of perjury that:
PRINT NAME

I am the legal spouse of _____.
PRINT DONOR'S NAME

I have been informed of my spouse's transfer of vacation and/or sick leave credits as an irrevocable donation to a city employee designated as catastrophically ill, and I hereby consent to this transfer by my spouse.

_____ _____
SIGNATURE OF DONOR'S SPOUSE DATE

TO ENSURE CONFIDENTIALITY, send the original directly to the attention of Payroll:

SFUSD EMPLOYEES ONLY:
San Francisco Unified School District
135 Van Ness Ave., Rm. 101, SF, CA 94102-5207
OR
S.F. Community College
33 Gough – S.F., CA 94102-1214

ALL OTHER CITY EMPLOYEES:
Office of the Controller
Payroll/Personnel Services Division
875 Stevenson, Rm. 235, SF, CA 94103-0902

DONOR: keep a copy of this form for your files, and provide a copy to your Department payroll supervisor.

ORIGINAL: PAYROLL/PERSONNEL SERVICES DIVISION **COPY: DONOR** **COPY: DEPARTMENT FILE**