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)

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.

CAT ILL PPE _____
REC. I.D. #_____
EXP. DATE _____
D. SAL RATE_____

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:

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**