



## 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:**

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DONOR'S NAME (PLEASE PRINT)

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DONOR'S SOCIAL SECURITY NUMBER

DONOR'S SIGNATURE

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DONOR'S EMPLOYEE NO.

MPID TCD

DATE

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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

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