



University of California
San Francisco

PAYROLL/PERSONNEL CATASTROPHIC LEAVE SHARING VACATION HOURS TRANSFER AUTHORIZATION FORM

Recipient Name _____ Employee Number _____ In HBS? Yes No

The following employee(s) have authorized accrued vacation leave hours to be donated to the above recipient who has been determined eligible to receive catastrophic leave donations.

The donated vacation hours are being transferred as of (Month/Year) _____ / _____.

Donor Employee Name	Donor Employee Number	Donated Vacation Hours	In HBS? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	In HBS? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	In HBS? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	In HBS? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	In HBS? <input type="checkbox"/> Yes <input type="checkbox"/> No

Total Hours: _____

I hereby certify that the above employee is eligible to participate in this program and that donors have sufficient vacation leave to donate.

Department Head or Designee _____ Date _____

Title _____ Department _____ Phone _____

This form, when completed is to be considered confidential and should be forwarded to Payroll, Box 0812, for processing vacation hour adjustments for recipient and donors.

FOR CAMPUS PAYROLL OFFICE USE ONLY! Leave Adjustment

PPS ENTRIES

Prepared By _____ Date _____ Process In _____

HBS ENTRIES

Prepared By _____ Date _____ Process In _____

For PPS Entries					For HBS Entries			
Recipient Employee ID	Transaction Code	Element No. (Vacation Hrs.)	Hours	Hours Sign	Accrual Type	Leave Category	Hours	Hours Sign
	LA	5185		+	Earned	Vacation		+
Donor Employee ID	Transaction Code	Element No. (Vacation Hrs.)	Hours	Hours Sign	Accrual Type	Leave Category	Hours	Hours Sign
	LA	5185		-	Earned	Vacation		-
	LA	5185		-	Earned	Vacation		-
	LA	5185		-	Earned	Vacation		-
	LA	5185		-	Earned	Vacation		-