



**T.J. ANTHONY CATASTROPHIC ILLNESS PROGRAM FAMILY MEMBER  
(CIP-FM) Donor's Vacation Transfer Form for Employees with a Catastrophically Ill  
Family Member**

**Donor Conditions:**

- Donor **must not** be catastrophically ill

CAT ILL PPE _____ REC. I.D. # _____
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**Transfer Conditions:**

- Transfers must be in units of **8** hours
- A maximum of **80** hours per pay period, 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 the CIP-FM individual recipient or CIP-FM pool once per pay period
- Donations are subject to the San Francisco Administrative Code, Section 16.9-29B

I have read and 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 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 **VACATION CREDITS** to CIP-FM:

**Individual Recipient Identification Number (RIN):**  **or CIP-FM pool**

Donor's Name (please print): \_\_\_\_\_ DSW#: \_\_\_\_\_

City Department: \_\_\_\_\_ 3-letter Dept. Code: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Marital Status Declaration:**

I, \_\_\_\_\_, declare under penalty of perjury that: *(check one)*  
PRINT NAME

I am not married

I do not know, and 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 I am the legal  
PRINT NAME

spouse of \_\_\_\_\_, and I have been informed of my spouse's transfer of  
DONOR'S NAME  
vacation credits as an irrevocable donation to a City employee designated as having a catastrophically ill family member, and I hereby consent to this transfer by my spouse.

Spouse's Signature: \_\_\_\_\_ 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 St., SF, CA 94102-1214

**ALL OTHER CITY EMPLOYEES:**

Office of the Controller  
Payroll/Personnel Services Division  
One South Van Ness Ave. 8<sup>th</sup> Floor, SF, CA 94103

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