



T.J. ANTHONY CATASTROPHIC ILLNESS PROGRAM (CIP)
Donor's Vacation/Sick Pay Transfer Form for Catastrophically Ill Employee

Donor Conditions:

- Donor must retain at least **64** hours of sick leave credits
- 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 **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 the CIP individual recipient or pool once per pay period
- Donations are subject to the San Francisco Administrative Code, Section 16.9-29A

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 **SICK PAY CREDITS** and/or hours of **VACATION CREDITS** to:

Individual Recipient Identification Number (RIN): **or** **CIP 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)*

I am not married PRINT NAME

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 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.

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. 8th Floor, SF, CA 94103

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