

ALAMEDA COUNTY HUMAN RESOURCE SERVICES DEPARTMENT
DONOR AUTHORIZATION

PART I: (ROUTING INSTRUCTIONS: EMPLOYEE completes/signs PART I and forwards to Department Personnel Officer)

To: Department Personnel Officer

FROM: _____ Employee ID # _____ QIC: _____
(Employee Donor) (PRINT NAME)

Dept.: _____ Classification: _____ Job Code: _____

I hereby authorize the Alameda County Auditor's Office to deduct the following from my accrued balance as a donation for:

- Catastrophic Sick Leave: In full-day increments of 7.5/8 hours (unlimited time, unless specified by your MOU*)
- Bone Marrow Donor Sick Leave Program: Up to seven days' pay (7.5/8 hours or 52.5/56 hours).
- Organ Donor Sick Leave Program: Up to 30 days' pay (7.5/8 hours or 225/240 hours).

My donation(s) are to be added to the sick leave balance of _____ (recipient employee) who has been approved by the Employee Benefits Center to receive donations under the sick leave program chosen above.

Please deduct donated hours as follows:

_____ Hours Vacation
_____ Hours Compensatory Time
_____ Hour In-Lieu Holiday Time
_____ Total Hours

My name and department maybe released to the recipient employee; if requested.
(Please check one): Yes No

I understand my donation will be made in full day increments and is irrevocable and I cannot exceed the maximum designated donation per calendar year to the above-named employee. (Refer to your Memorandum of Understanding for donation limitations).

Employee Signature _____
Date

PART II: (ROUTING INSTRUCTIONS: DEPARTMENTAL PERSONNEL OFFICER (OR DESIGNEE) completes and forwards to the Employee Benefits Center, QIC 25701).

To: Employee Benefits Center, QIC 25701

FROM: Departmental Personnel Officer (or designee) QIC: _____

The employee above has sufficient accrued hours to make the donation as stipulated above and is in a classification which is eligible to make said donation.

Personnel Officer Signature (or designee) _____
Date

PART III: (ROUTING INSTRUCTIONS: Employee Benefits Center shall return copies to the Auditor's Office, and to the Agency/Department of employee to report status of requested donation).

To: Employee Donor, QIC _____

FROM: Employee Services Center, QIC 25701

Please be advised that:

- Your donation is approved. The time will be deducted from your accrued balance as designated effective on _____.
- Your donation is not required because the recipient employee has received the maximum donation allowed.
- Your donation is not required because the recipient employee has returned to work.
- Other _____.

Employee Benefits Center _____
Date

Rev. 12/26/02; 6/22/05; 02/10/10; 10/02/19

*** Please refer to your Memorandum of Understanding (MOU) for any donation limitations. In addition, part-time employees may donate 3.5 hours if in a 7.5-hour classification or 4 hours if in an 8.0-hour classification.**