



## LAFD Catastrophic Illness/Injury Leave Donation Program

### DONATION FORM

I, \_\_\_\_\_, in the rank of \_\_\_\_\_, assigned to  
(Employee Name) (Job Class/Working Title)

\_\_\_\_\_, and a sworn member of the Los Angeles Fire Department  
(Assignment)

(LAFD), hereby irrevocably donate a total of \_\_\_\_\_ hours of my accrued vacation and/or  
(Number)

overtime hours to the time bank. The purpose of my donation is to permit other sworn members of the LAFD suffering from or caring for an immediate family member who is suffering from a catastrophic illness and/or injury, who have exhausted all of their sick leave, vacation time, holidays, and banked time, and who are facing severe financial hardship to draw from the time bank so that they may continue to receive compensation and health benefits.

I would like to donate the following amount of time:

Vacation: \_\_\_\_\_ hours

Banked Overtime: \_\_\_\_\_ hours

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Employee Name (Signature)

\_\_\_\_\_  
Date

Please return completed form to:

PERSONNEL SERVICES SECTION  
City Hall East, Room 1600  
200 N. Main Street  
Los Angeles, CA 90012  
Mail Stop 250

**Attention:** LAFD Catastrophic Leave Committee

Original: Personnel Services Section

Copy: Station/Unit Commander

Copy: Employee