



UNIFIED SCHOOL DISTRICT

Catastrophic Leave Bank Program

DONATION OF SICK LEAVE

1. Employee: Complete and sign Part I and forward to the Human Resource Department.
Accrued leave may be donated in hours only.
2. Payroll: Complete and sign Part II and return the form to the Catastrophic Leave Bank Record Keeper (CLRK).
3. CLRK: Sign and process the form. The leave will be added to the Catastrophic Leave Bank

PART I – COMPLETED BY DONOR

Name of Donor (Last, First, Middle Initial)	Telephone Number	Social Security Number XXX – XX –
Department/School Site	Amount of Sick Leave Hours Donated	<input type="checkbox"/> VEA <input type="checkbox"/> CSEA

I Certify that

CERTIFICATION OF VOLUNTARY DONATION

1. I am making this donation entirely of my own free will and it is in accordance with union contractual language. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued Sick Leave Total.
2. I am make a minimum donation requirement - 1day/8hrs
3. I understand that this contribution will automatically continue from year-to-year, until changed or cancelled by my written request by September 15th of the new school year.
4. Select one of the following
 - a. I am beginning my donation
 - b. I am ending my donation
 - c. I am changing my donation leave to the CAT Bank.
 - d. I am retiring effective _____ and will donate the balance of my leave to the CAT Bank.
 - e. I am resigning effective _____ and will donate the balance of my

Signature of Donor			Date
Address	City	State	Zip Code

PART II – COMPLETED BY PAYROLL DEPARTMENT

Sick Leave Balance Before Donation (Hours)	Sick Leave Donation (Hours)	Sick Leave Balance After Donation (Hours)
Donor's Employment Status <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNED		Effective Date of Donation
Payroll Technician Name	Payroll Technician's Signature	Phone Number
Payroll Manager's Name	Payroll Manager's Signature	Phone Number

PART III – COMPLETED BY CATASTROPHIC LEAVE RECORD KEEPER

Return original To: Catastrophic Record Keeper Upon complete a copy will be sent to the employee, Payroll, Human Resource and Union	Credit Date for Donated Leave	Phone Number
Signature of Record Keeper		Date