



n Form for Catastrophic Leave

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| School/Fiscal Year of Donation: July 1 _____ through June 30 _____ | |
| Employee Name: (Please Print – Last Name, First Name) | Last 4 Digits of Social Security Number: |
| Position Title: | School/Department: |
| Work Phone: | Home/Cell Phone: |
| Current Work Calendar (10, 11, or 12 Month Employee): _____ | Current Regular Assignment Hours Worked: Per Day _____ or Week _____ |
| I am donating _____ number of hours to the Catastrophic Sick Leave Bank. This is my regular assignment number of hours as of this date. | |
| This is my _____ consecutive donation. | |
| <p>I hereby elect to donate my eligible sick leave credits to the Catastrophic Sick Leave Bank. I understand donations are irrevocable and may not be designated for the use of any specific participant. Donations must be made to the Bank during the donation period for that school fiscal year as indicated above. I understand that after 15 years of consecutive annual donations, I will no longer be required to make further donations to be recognized as a vested member of the Catastrophic Sick Leave Bank. I have read the negotiated agreement regarding the provisions and definitions of the terms of the Bank.</p> <p>If the Catastrophic Sick Leave Bank does not have sufficient days to fund a withdrawal request, the District is under no obligation to provide days and is under no obligation to pay the participant any funds. (Refer to Attachment G of the SEIU Contract for the replenishment process.) If the District denies a request for withdrawal, or an extension of withdrawal, because of insufficient days to fund the request, they shall notify the participant, in writing, of the reason for the denial.</p> <p>If the Catastrophic Sick Leave Bank is terminated for any reason, the days remaining in the Catastrophic Sick Leave Bank shall be returned to the current members of the Bank proportionately.</p> | |
| Donor's Signature: _____ | Date: _____ |
| Date Received (Human Resource Services Only): _____ | Received by (Human Resource Services Only): _____ |

Submit this form to Human Resources – Mailbox 770, or fax to 643-9454.

Please keep a copy for your own records.

cc: Human Resource Services, Personnel File