Certificated Sick Leave Donation Form
Catastrophic Leave

I have read and understand the rules pertaining to Catastrophic Leave and hereby donate:

(Choose One):

❒   _____ day(s) of sick leave from my accumulated sick leave balance to the Catastrophic Leave Bank.

❒   _____ day(s) of sick leave from my accumulated sick leave balance for the use of the following certificated unit member who has requested this donation:

_____ (Name of Member requesting donation)

Rules pertaining to donation to catastrophic leave bank:

- Certificated unit members who have been employed by the district for at least eleven (11) calendar months are eligible for membership in the Catastrophic Leave Bank. Membership begins when sick leave is donated.
- Eligible employees may donate accumulated and unused sick leave to the Catastrophic Leave Bank.
- Donations, with few exceptions and limitations, must be made during the "open enrollment period," he/she may donate within thirty (30) days of gaining eligibility. Initial donations are made in whole-day increments with a maximum of three (3) days.
- Each eligible unit member must donate one (1) sick day within a five (5) year period to remain in the bank (see Article XI, Section 4 (b) for details).
- Donations are irrevocable and must be filed with the Payroll department.

Rules pertaining to donation to certificated unit member:

- The sick leave donor may not donate sick leave that would cause his/her personal earned sick leave balance to fall below ten (10) days.
- Donated sick leave may not be used for industrial illness or injury absences.
- Unit members may donate a maximum of two (2) days, per donor, per request, per school year.
- If more sick leave is offered for donation then is granted, the committee shall select the required number of donors by lot, and unused sick leave will be returned to the unit member who offered it as a donation. The committee may choose to wait 12 months before determining that a donation is to be returned.

_____   _____
PRINT NAME   WORK SITE

_____   _____
SIGNATURE   DATE

Payroll / Human Resources Use Only

Acknowledged: _____   **Date: _____**

Current Sick Leave Balance: _____   ❒ Approved   ❒ Not Eligible