



CLASSIFIED CATASTROPHIC LEAVE PROGRAM

DONATION OF ACCRUED SICK AND VACATION LEAVE

Name (please print)

School/Department

1. Please select which category of leave you are using for donation.

- ☐ Newly hired full-time classified bargaining unit member
- ☐ Full-time classified bargaining unit member with accrued days of full-time sick leave
- ☐ Full-time classified bargaining unit member with accrued days of full-time vacation leave
- ☐ Part-time classified bargaining unit member with accrued hours of sick leave
- ☐ Part-time classified bargaining unit member with accrued hours of vacation leave

2. Agreement

- I understand that I may voluntarily donate accrued sick and/or vacation leave from my accumulated accrued leave, provided I have ten (10) days of accrued leave remaining at the time of the donation (one day = 8 hours).

Minimum contribution: Full-time: 8 hours
Part-time: 4 hours

- I understand this donation is voluntary and irrevocable and I agree to indemnify and hold harmless the District from any loss or damages resulting from my participation in this program.
- I understand that my accrued leave will be used by an employee who has suffered a catastrophic illness/injury and has exhausted all paid leaves.
- I understand that information regarding participation of this program will be kept confidential.

3. Number of sick leave **hours** to be donated: _____ (print clearly)

4. Number of vacation leave **hours** to be donated: _____ (print clearly)

Employee Signature

Date

.....
For use by the Payroll Department:

As indicated above, _____ hours have been deducted from your accrued sick vacation
(circle one) leave. Your remaining sick/vacation (circle one) leave balance is _____ days and
_____ hours.