

***Catastrophic Sick Leave Bank
Deposit Form for Donation to a Specific Individual
School Year _____***

Employee Name: _____ EMPLOYEE ID # _____
(as name appears on social security card) *(6 digits)*

Site/Dept: _____ Position Title: _____

Number of Hours in Regular Work Day: _____ Hire Date: _____

Bargaining Unit:

Certificated (DSTA) Classified (CSEA) Confidential Management

Important:

To be eligible to donate sick leave days to a specific individual, an eligible employee must have donated one (1) day of sick leave during an open enrollment period.

***Authorization to Deduct Days from Accumulated Sick Leave and Donate to the Specific
Approved Individual Listed:***

Number of Days
(Not to Exceed 5)

Name of Recipient
(Previously Approved by Catastrophic Sick Leave Bank Committee)

Signature of Employee: _____ Date: _____

To be completed by Fiscal Services:

Employee Number: _____ Total Hours Deducted: _____

Deduction Month: _____ Posted by: _____ Date: _____

Added to Catastrophic Sick Leave Bank Balance List: By: _____ Date: _____

Return completed form **intact** to ***Fiscal Services***