

# DONATION OF ACCRUED LEAVE FOR CATASTROPHIC LEAVE BANK

Name of Employee Donating \_\_\_\_\_ SS# \_\_\_\_\_ - -

Job Title \_\_\_\_\_ Work Site \_\_\_\_\_

Hours worked per day \_\_\_\_\_

Number of days to be \*donated (please check)  1  2  3  4  5  6

Please check bargaining unit/group  SEA  SCGA  NAGE  MASD  CSEA  CONFIDENTIAL

\*Donation of accrued leave shall not impact eligibility for perfect attendance

### Donation of Accrued Leave for catastrophic illness or injury:

- I understand that I may voluntarily donate a maximum of six (6) days per year from my accumulated accrued leave, provided I have twenty (20) days of accrued leave remaining at the time of the donation.
- I understand this donation is irrevocable and I agree to indemnify and hold harmless the District from any loss or damages resulting from 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 further understand that the confidentiality between participants will be maintained.

_____	_____
Employee Signature	Date

**Forward to Payroll.  
been made.**

**Copy will be returned to you after deduction has**

From the Payroll Department:

As identified above, \_\_\_\_\_ day(s) have been deducted from your accrued leave which leaves your balance at: \_\_\_\_\_.

\_\_\_\_\_  
Payroll Signature

\_\_\_\_\_  
Date

**SUBMIT FORM TO PAYROLL**