

APPLICATION TO DONATE SICK LEAVE TIME

(As per Section 19.15 Catastrophic Leave, of the GUSD/CSEA South Butte Chapter #395 Collective Bargaining Agreement)

Member Contributor (donor): _____ Date: _____

Employee ID Number: _____ School Year: _____

Worksite Location: _____ Full-time: _____ Part-time: _____

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I hereby make a request to the Superintendent that the Catastrophic Leave Committee approve the donation of _____ day(s) of my accumulated and unused sick leave available as of _____ to be deposited to the sick leave pool established for the applicable employee(s). I understand that this donation is not to exceed a total of five (5) days per school year and can be used only in full- or half-day increments. If there remains any donated but unused sick leave in this pool, those days will be retained in the sick leave bank.

I understand that I must retain a minimum of 15 days sick leave in my personal sick leave account; however, I understand I may apply for an exception to this provision.

Signature of Donor Employee _____ Date: _____

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This request to donate sick leave time from the above named pool was approved by the Catastrophic Leave Committee on _____ in accordance with CSEA’s Collective Bargaining Agreement. I hereby authorize the District to deposit this donation of sick leave time in the pool for the Catastrophic Leave Pool.

Superintendent, Signature

Date

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VERIFICATION OF DONATED SICK LEAVE TIME

To Donor Employee:

Your sick leave time has been decreased by _____ day(s) to implement the above requests. Please retain this verification sheet for your records.

Personnel Signature

(Copies to Payroll, Personnel and Donor Employee)