

Catastrophic Leave Bank Donation Form

Name _____ Employee ID # _____
(Please print)

_____	_____	_____
Position Title	Number of Regular Assigned Hours Per Day	Worksite

I understand that the annual donation period is July 1 through September 30 each year and that I must have 11 or more earned sick leave days as of June 30 of the same year in order to make a donation to the Catastrophic Leave Bank. I understand that I may donate up to five (5) days of my earned sick leave as long as the donation does not cause my earned sick leave balance to fall below ten (10) days. I understand that this day becomes a part of the Catastrophic Leave Bank, is a general donation, and shall not be donated to a specific employee for his/her exclusive use. I understand that I am irrevocably donating this day and that it will no longer be available for my use.

I hereby authorize the Oceanside Unified School District to deduct _____ day(s) of my earned sick leave for the purpose of donating it to the Catastrophic Leave Bank. I understand that if I do not qualify to donate as many days as I have authorized, the district will deduct the maximum number of days allowed below that number.

Signature of Donor

Date

Submit the white and yellow copies to the Payroll Department.

PAYROLL DEPARTMENT USE ONLY

Earned sick leave balance as of June 30, _____ is _____ hours; equal to _____ day(s).	
Is employee qualified to donate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of hours deposited to the Catastrophic Leave Bank _____; equal to _____ donor day(s).	
Date Processed _____	Processor's Initials _____