

SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT

CASTASTROPHIC SICK LEAVE BANK
IRREVOCABLE DONATION FORM

My classification (check one below):

- Certificated Employee
- Classified Employee
- Confidential/Management Employee

I understand that this donation of my sick leave is made pursuant to my respective Collective Bargaining Agreement, either Article XX, Section 17 of the Certificated Agreement or Article XIV Section 17 of the Classified Bargaining Agreement, or pursuant to Board Policy No. 2007(c) for Confidential and Management employees.

I understand that this donation will be deducted from my earned sick leave. I further understand that my deposit is irrevocable and cannot be rescinded for any reason whatsoever and upon retirement I shall not be entitled to receive credit for the time previously deposited into the Catastrophic Sick Leave Bank.

I hereby volunteer an irrevocable deposit to the District's Catastrophic Sick Leave Bank of my earned sick leave for:

Employee: _____
(Name of person to receive donation)

I wish to donate: _____ **days** or _____ **hours**, (See below)

- Certificated employees - maximum of 3 days
- Classified employees - maximum of 24 hours in 8 hour increments
- Confidential/Management employees - maximum of 24 hours in 8 hour increments

My signature below indicates that I will hold the District harmless for any and all claims and liabilities arising from my donation.

Name

Date

Signature

Employee Personnel Number

Site/Department

RETURN THIS FORM TO THE DISTRICT PAYROLL OFFICE

Payroll Office Verification:

CERTIFICATED

- 3 day deduction
- 2 day deduction
- 1 day deduction
- no deduction

CLASSIFIED, CONFIDENTIAL & MANAGEMENT

- 24 hour deduction
- 16 hour deduction
- 8 hour deduction
- no deduction

Notes: _____

Copies: Payroll – White Donating Employee – Yellow H.R. - Pink