



COMPTON UNIFIED SCHOOL DISTRICT
501 S. Santa Fe Ave. Compton, CA 90221

CATASTROPHIC LEAVE BANK REQUEST FORM

I wish to request a total of _____ hours from the Catastrophic Leave Bank. I am requesting to receive donated time for my _____.

I understand that I may request a maximum of INSERT AMOUNT vacation hours in any 12-month period. Donations shall be treated as additional taxable wages, subject to all payroll taxes, authorized or required deductions and paid at normal pay period intervals.

I understand that the District respects my privacy, and as applicable, will not disclose my name or the nature of the catastrophic injury or illness to any of the donors or potential donors. I acknowledge that the catastrophic injury or illness may be discernible. I waive any privacy related claims against the District, its employees and agents with respect to such solicitation and my request for donated time from the Catastrophic Leave Bank.

I understand that approval of such request is no guarantee of continued employment.

Employee Name (Printed): _____

Employee Signature: _____

Date Signed: _____

**RETURN THIS COMPLETED FORM TO THE DISTRICT OFFICE
HUMAN RESOURCES DEPARTMENT**