



**PLEASANT VALLEY SCHOOL DISTRICT**  
**CLASSIFIED HUMAN RESOURCES/PERSONNEL COMMISSION**  
 District Office – 600 Temple Avenue, Camarillo, CA 93010  
 (805) 445-8663

## Catastrophic Leave Donation Form

**\*\*Submit this form to Classified Human Resources within 15 working days of the email requesting donations\*\***

Employee Information		
Donating Employee Name : (First and Last Name)		
Job Title:		
Department/School:		
Contact Information:	Phone:	Email:
Name of Employee Receiving Donated Leave:		
Important Information – Read Carefully		
<ul style="list-style-type: none"> <li>Employees may donate a minimum of 8 hours of sick and/or vacation leave, and in one-hour increments thereafter</li> <li>Donors must maintain a minimum balance of 12 days* of accrued sick leave (after the donation is deducted).</li> <li>Maximum donation is 5 days* of leave per recipient</li> <li>The transfer of leave is irrevocable.</li> <li>Donation of sick leave will reduce the retirement service credit that may otherwise have been available to the donor at the time of retirement.</li> </ul> <p>*Based on the donor's average daily work schedule.</p>		
Leave Donation		
Number of hours you wish to donate: (minimum of 8 hours total)	<input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/>	VACATION HOURS
	<input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/>	SICK LEAVE HOURS**
<p><i>**Reminder: In order to donate sick leave, employees must maintain a minimum balance of 12 days of accrued sick leave.</i></p>		
Employee Authorization		
<p>I hereby certify that I have read and understand the above "Important Information", and am requesting and authorizing the Pleasant Valley School District to deduct the number of hours specified above from my sick and/or vacation leave balance and transfer the hours to the above-named Employee Receiving Donated Leave. I understand that the transfer of leave is irrevocable.</p>		
Employee Signature:	Date:	