

**Administrator's
Catastrophic Illness Leave
Bank Sick Bank Member
Pledge to Donate**

**To be used when the Administrator's Catastrophic Illness Leave Bank
is depleted and a member is receiving benefits.**

Name: _____ Position: _____
Please Print *Please Print*

Authorization to Donate

I am a member of the Administrator's Catastrophic Illness Leave Bank and I am currently receiving Catastrophic Illness Leave Bank Benefits. The Bank has been depleted and I do not have any available sick leave days to donate for continued membership. I authorize the Personnel Department to deduct two (2) sick leave day from my personal sick leave accrual on July 1 when my annual sick leave allotment is replenished.

Date Sick Leave Day will be deducted from Requestor's Annual Sick Leave Allotment: _____

Applicant's Signature: _____ Date: _____

Personnel Department: _____ Date: _____