

Norwalk-La Mirada Unified School District



CSEA Chapter 404 SICK HOURS DONATION CONSENT FORM

(CLASSIFIED EMPLOYEES ONLY)

I. Donating Party

Name: _____ Employee No.: _____

School Site: _____ Number of Hours donated: _____

DISCLOSURE: I HEREBY AGREE TO DONATE THE NUMBER OF SICK HOURS INDICATED ABOVE TO THE EMPLOYEE LISTED BELOW. I UNDERSTAND THAT THE DONATION OF THE HOURS WILL REDUCE THE NUMBER OF DAYS/HOURS AVAILABLE TO ME FOR SICK LEAVE AND POSSIBLY AFFECT MY SICK DAYS THAT MAY BE USED TOWARD RETIREMENT CREDIT. SICK HOURS NOT USED BY THE RECEIVING PARTY BY THE END OF THE CURRENT FISCAL YEAR WILL BE CREDITED BACK TO THE DONATING PARTY.

Employee Signature: _____ Date: _____

II. Receiving Party

Name: _____ Employee No.: _____

School Site: _____ Number of Hours Received: _____

III. District Request Verification Approved Denied

Member

Member

Member

Member

Member

Member

Date _____

Submit form to CSEA Sick Bank Committee or CSEA President