

Delano Union School District
Office of Rosalina C. Rivera, Superintendent
Department of Human Resources
Ricardo Chavez, Assistant Superintendent
1405 - 12th Avenue, Delano, California 93215
(661) 721-5000 x 00131 ~ Fax (661) 721-5014

CERTIFICATED / CLASSIFIED
CATASTROPHIC LEAVE DONATION REQUEST

Employee Name _____

Person suffering catastrophic illness/injury (please check one):

- Employee**
- Family Member**

Name of Family Member _____

Relationship _____

As I have exhausted all of my sick leave and other paid time off, I am hereby requesting donations of accrued sick leave credits due to a catastrophic illness or injury which requires me to take time off from work for an extended period of time.

Employee Signature _____

Date _____

The attached *Physician's Verification of Eligibility for Catastrophic Illness or Injury Leave* must be returned to the District Human Resources Department, prior to submission of your request to the District Board of Trustees. Any sick leave credits shall be used within three (3) consecutive months.

HR Use Only -----

Physician's Verification of Eligibility for Catastrophic Illness or Injury Leave attached _____

Date of Board Approval _____