



Central Unified School District

Human Resources Department • 4605 N. Polk Avenue • Fresno, CA 93722 • (559) 274-4700 • www.centralunified.org

Intra District Catastrophic Leave Donation Form

Transfer Conditions:

1. Transfer must be a minimum of one workday and in workday increments thereafter.
2. All transfers are irrevocable. However, if the employee receives more donated leave than he or she requires the remaining unused leave days will be returned to the employee(s) who donated them.
3. Donors must retain for their own personal use a minimum of 12 sick leave days.
4. Names of employees donating sick leave and how many days they have donated will remain confidential. The employee receiving donations will be informed of the total days available.
5. Once all donations are received and the donation window is closed, the donated days will be issued one leave day at a time on a rotational basis until each employee's specified donation limit has been exhausted or until the employee who originally received the days no longer needs them.

Name: _____
First Middle Last

Address: _____
City State Zip Code

Telephone: _____ Social Security #: _____

Job Title: _____ Site/Location: _____

I wish to transfer leave to: _____

I wish to transfer _____ days of Sick Leave.

I understand that all transferred days shall be credited as sick leave to the exclusive name shown above. As these days are used, they shall be treated as use of my own sick leave.

I declare under penalty of perjury that I have not and will not solicit or accept any compensation, directly or indirectly, for sick leave days that I am transferring. I further declare that I am transferring the sick leave days of my own free will and not under threat or coercion by any individual. I have read and understand the conditions above.

Signature

Date

Every Student • Every Classroom • Every Day