



Central Unified School District

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

RE: SICK LEAVE DONATION

To Whom It May Concern:

Please accept this as a formal request to participate in the Catastrophic Illness/Injury program in accordance with AR 4161.9/4261.9/4361.9.

I understand that the District will solicit sick leave from employees on my behalf.

I understand that the District will allow employees to donate sick leave and days transferred exclusively to me beginning when I have exhausted all accrued leave.

I further understand that the names of employees donating sick leave and how many days they have donated will be kept in complete confidence, but I will be informed about my total days available. If I receive more donated leave than I require, the remaining leave will be returned to the employee(s) who donated it.

I declare, under penalty of perjury, that I qualify under the Catastrophic Illness/Injury policy and that I will not offer any compensation, directly or indirectly for sick leave days that I receive and that I have read and understand the conditions stated above.

REASON: _____

Signature

Date

Printed Name

Position