Catastrophic Leave Donation Form

First Name: Last Name:	
Employee ID:	
I wish to voluntarily donate my leave balances to the Catastrophic Leave bank. I understand the leave will be provided to an eligible employee who is approved to receive from the leave bank.	his
I authorize hours to be deducted from my sick leave balance.	
I authorize hours to be deducted from my <u>vacation</u> leave balance.	
I understand that I may donate my leave balances per AP7345.	
2. I confirm that after my sick leave donation, I will have at least 30 days of sick leave on record.	
3. I confirm that after my vacation balance donation, I will have at least one (1) hour of vacation leave on record.	
4. I understand that all hours donated are irrevocable and unused donated hours will not be returned to the donor	r.
 I understand that my donated leave balances will remain in the Catastrophic Leave Bank for use by other employ that request and are approved for the use of catastrophic leave. 	yees
 d) Part-time dassified permanent employee (24 hrs/ week): 4.8 hours = one (1) day of leave (sick leave or vacation) e) Full-time permanent employee: 8 hours = one (1) day of leave (sick leave or vacation) f) Additional leave may be donated in one (1) hour increments thereafter 	ation)
7. I understand that donated leave hours will be deducted from my paid leave balances once my request is processed. Donated sick leave balances will not be transferable and will not be reported to CalSTRS or CalPERS for service cred	
By signing below, I confirm that I have read and understand the catastrophic leave donation process and confir request to donate my leave balances to the Catastrophic Leave Bank.	m my
Employee Sgnature: Date:	_

Submit signed and completed form to Human Resources at vcontrera