

***Catastrophic Sick Leave Bank  
Deposit Form for Donation to a Specific Individual  
School Year \_\_\_\_\_***

Employee Name: \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_  
*(as name appears on social security card)* *(6 digits)*

Site/Dept: \_\_\_\_\_ Position Title: \_\_\_\_\_

Number of Hours in Regular Work Day: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**Bargaining Unit:**

Certificated (DSTA)     Classified (CSEA)     Confidential     Management

**Important:**

To be eligible to donate sick leave days to a specific individual, an eligible employee must have donated one (1) day of sick leave during an open enrollment period.

***Authorization to Deduct Days from Accumulated Sick Leave and Donate to the Specific  
Approved Individual Listed:***

Number of Days  
*(Not to Exceed 5)*

Name of Recipient  
*(Previously Approved by Catastrophic Sick Leave Bank Committee)*

\_\_\_\_\_

\_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Fiscal Services:**

Employee Number: \_\_\_\_\_ Total Hours Deducted: \_\_\_\_\_

Deduction Month: \_\_\_\_\_ Posted by: \_\_\_\_\_ Date: \_\_\_\_\_

Added to Catastrophic Sick Leave Bank Balance List: By: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form **intact** to *Fiscal Services*