



DONATION FORM
CATASTROPHIC ILLNESS/INJURY LEAVE PROGRAM

REQUEST FOR DONATIONS TO FUND:
THE 2011/2012 "Catastrophic Illness Leave Bank"

If you would like to donate sick leave to the 2011/2012 Catastrophic Illness Leave Bank ("Leave Bank"), please complete this form.

The Catastrophic Illness Leave Program ("Program"), as provided in Administrative Procedure (AP) 7209, Section 11, states all donations will be made to the Leave Bank, and may not be made to a specific unit member. A unit member may donate sick leave in increments of days. The minimum donation is one (1) day of accumulated sick leave, and the donation is irrevocable. In order to be eligible to donate days of sick leave to the Leave Bank, the unit member making the donation must have a minimum of 10 days of regular or accumulated sick leave after making a donation.

Please Note: Unit members are reminded that donating sick leave may affect his/her retirement under STRS and/or PERS.

I understand the terms and conditions of the Program, and I choose to contribute sick leave to the Catastrophic Illness Leave Bank as specified below.

NUMBER OF SICK LEAVE DAYS I CHOOSE TO DONATE: _____
(Unit members must have a minimum of 10 days of regular or accumulated sick leave on record after making the donation.)

I understand that this donation is irrevocable, and that the amount indicated above will be deducted from my regular or accumulated sick leave accordingly.

NAME: _____ Date: _____
(Please Print or Type)

Signature: _____

PLEASE RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES

DO NOT DETACH

FOR OFFICE USE ONLY

HUMAN RESOURCES:

Received By (Initials)

Date Received

PAYROLL:

Received By (Initials)

Date Received

Yes

No

Donation Approved

Not Approved

Minimum of 10 days on the books after donation:

Yes

No

Date deduction of sick leave was made and credited to the Catastrophic Illness Leave Bank: _____