DONATION FORM

California School Employees Association Catastrophic Leave Program

Name:		Date:	
School/Site:	Position:	Hours Per Day:	
Your number of accu	mulated sick hours:		
•	inimum of 80 hours and part-time employees mu tage of time worked remaining after the donation		
Number of hours you	wish to donate to the Catastrophic Leave	e Bank:	
Signature of Employee		Date	
Donation Received:			
	CSEA Catastrophic Coordinator	Date	
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Important Notes:			

- Remember your accumulated sick leave hours count as service credit under PERS.
- Transfer of sick hours to this program is irrevocable. In the event there is dissolution of the program, hours remaining will be returned based on the proportion of those donated.
- For additional information, see Article 8.3 of the CSEA/RUSD Contract Agreement
- The enrollment period for the Catastrophic Leave Bank is September 1st through September 30th each year. A one-time donation of at least one workday determines eligibility.