



Sacramento City Teachers Association (SCTA)
Donation Form for Catastrophic Leave

Employee Name: (Please Print – Last Name, First Name) Last Four (4) Digits of Social Security Number:
School/Department:
Title:
Work Phone: Home/Cell Phone:
Name of Employee You Would Like to Donate Eligible Leave Credits to:
Their School/Department:
Definition of Leave: (Per Education Code 44043.5 [2] Eligible leave credits means sick leave accrued to the donating employee. A minimum of a day1 initially and then in one [1] hour increments.)
Sick Leave Hours: _____
I, a member of SCTA, hereby elect to donate my eligible leave credits to the designated certificated employee, also a member of SCTA, named above for the purpose of mitigating the employee’s hardship due to a catastrophic illness, suffered by the employee, the employee’s spouse, or child.
Donor’s Signature: Date: Time:
Date Received (Human Resource Services Only): Received by (Human Resource Services Only):

1 The definition of a “day” is based on the individual certificated employee’s work day pursuant to their job classification/specification.

Submit this form to Human Resource Services in a sealed “confidential” envelope to Box 770, Attention: Human Resource Services, or fax to 399-2016.

Please keep a copy for your own records.

cc: Human Resource Services, Personnel File