



**Superintendent's Cabinet
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:	
<p><u>Definition of Leave:</u> (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.)</p> <p style="text-align: center;">Sick Leave Hours: _____</p>	
<p>I, a member of Superintendent's Cabinet, hereby elect to donate my eligible leave credits to the designated certificated/classified employee, also a member of Superintendent's Cabinet, 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.</p> <p>Donor's Signature: _____ Date: _____ Time: _____</p>	
Date Received (Human Resource Services Only): _____	Received by (Human Resource Services Only): _____

¹ The definition of a "day" is based on the individual certificated/classified 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 643-9454.

Please keep a copy for your own records.

cc: Human Resource Services, Personnel File