## CAPISTRANO UNIFIED SCHOOL DISTRICT

San Juan Capistrano, California

## "SICK LEAVE BANK DEPOSIT FORM" FOR CATASTROPHIC ILLNESS/INJURY

## **DONATION CONDITIONS**

- 1. Donations must be a minimum of 8 hours initially and in one-hour increments thereafter.
- 2. There is no limit of sick leave days you may donate, as long as your balance of accumulated sick leave days does not fall below ten (10) days.
- 3. You <u>may not</u> contribute to the sick leave bank at the time of retirement or other separation or within 90 days of retirement or separation from the District.
- 4. All donations are irrevocable.

04/01

5. Please return this form to the Payroll Department.

Employee As	ssociation: CSEA	CUEA′	ΓEAMSTERS	CUMA	(please check)
Name:					
First		Middle		Last	
Street Addres	ss:				
City/State/Zij	p:				
Home Telephone:			Work Telephone:		
Job Title:			Site/Location:		
Date of Birth:			Employee ID #:		
NUMBER O	F HOURS YOU WIS	H TO DONATE	ГО THE SICK LE	AVE BANK: _	
I donate to the	nat all donated hours sha e Sick Leave Bank will b lined. I also understand t	be used by catastrop	phically ill or injure	d employees who	meet
Signature			Date		
Distribution:	Personnel Services Payroll Insurance	Association Em	ployee		