



**CERTIFICATED CATASTROPHIC LEAVE
SICK LEAVE “BANK” DONATION/PARTICIPATION FORM**

Please Print Name

School Site

Employee ID #

I wish to donate _____ day(s) of my unused sick leave to the Catastrophic Leave Bank.

I understand that participation is voluntary and requires a one-time donation of one (1) day to the Bank, to be deposited within the first sixty (60) calendar days of the school year in which I choose to participate or from my start of employment. I understand that no additional days are required for continued participation.

I understand that I must have at least five (5) sick days in my sick leave account in order to make this donation, and that any sick leave I donate is an irrevocable donation.

I understand as a member of STRS that the donated sick leave will not be available for certification to the retirement system. This will result in a reduction of service credit that may have otherwise been available to me at the time of retirement. I verify that I understand as a result of this donation, I may exhaust my own accrued sick leave more quickly and be left without compensation/coverage.

Signature _____

Date _____

Personnel/Payroll Department Use Only:

Assistant Superintendent, Human Resources

Date

_____ * Day(s) transferred as requested above.

Payroll Technician

Date

**If zero days are listed, a transfer could not be made because you do not have the required 5 days in your sick leave account.*

Appendix “B”