

EMPLOYEE INFORMATION

First Name: _____ Last Name: _____

Employee ID: _____ Job Title: _____

DONATION

I wish to voluntarily donate my leave balances to the District's Catastrophic Leave bank. I understand this leave will be provided to an eligible employee who is approved to receive from the leave bank.

- I authorize _____ hours to be deducted from my sick leave balance.
- I authorize _____ hours to be deducted from my vacation leave balance.

TERMS AND CONDITIONS

1. I understand that I may donate my leave balances per AP 7345.
2. I confirm that after my sick leave donation, I will have at least 30 days of sick leave on record.
3. I confirm that after my vacation balance donation, I will have at least one (1) hour of vacation leave on record.
4. I understand that all hours donated are irrevocable and unused donated hours will not be returned to the donor.
5. I understand that my donated leave balances will remain in the Catastrophic Leave Bank for use by other employees that request and are approved for the use of catastrophic leave.
6. I understand that my donation must be equal to a minimum of one (1) day of paid leave:
 - a) Full-time faculty member: 6 hours = one (1) day of sick leave
 - b) Full-time non-teaching faculty member: 7 hours = one (1) day of sick leave
 - c) Associate faculty: 6 hours = one (1) day of sick leave
 - d) Part-time classified permanent employee (24 hrs/week): 4.8 hours = one (1) day of leave (sick leave or vacation)
 - e) Full-time permanent employee: 8 hours = one (1) day of leave (sick leave or vacation)
 - f) Additional leave may be donated in one (1) hour increments thereafter
7. I understand that donated leave hours will be deducted from my paid leave balances once my request is processed. Donated sick leave balances will not be transferable and will not be reported to CalSTRS or CalPERS for service credit.

By signing below, I confirm that I have read and understand the catastrophic leave donation process and confirm my request to donate my leave balances to the Catastrophic Leave Bank.

Employee Signature: _____ **Date:** _____

Submit signed and completed form to Human Resources at vcontreras@msjc.edu or by hardcopy via interoffice to Human Resources, Attention: Veronica Contreras.

Cc: Payroll
Catastrophic Leave File