



Claremont Unified School District Catastrophic Leave Donation Form

Donor Name:	
Address:	Home Phone: ()
Worksite:	Work Phone: ()

Under the provisions of the Catastrophic Leave Donation Policy found in Article XV of the CUSD/CFA Collective Bargaining Agreement, permanent CFA Bargaining Unit Members may donate days to the Catastrophic Leave Bank to be used by members who have a serious catastrophic illness, injury, or disability; have a catastrophic illness/injury in their immediate family requiring their presence; and who have exhausted their own accumulated sick leave. Donated days will be used to cover the employee's absence due to such circumstances.

This is a voluntary program available to permanent CFA Bargaining Unit members. Members may donate up to one (1) day per year for every ten (10) days of accumulated sick leave; not to exceed a total annual donation of five (5) days. A donation may be made at any time during the year.

I would like to make the following contribution: _____ Day(s)

According to the terms and provisions of the Catastrophic Leave Donation Policy, I understand that once the transfer has been completed by CUSD, I cannot revoke my decision. My signature below indicates I have read, understand and will comply with the guidelines and requirements of this program.

_____ Signature _____ Date

Submit the completed form to CUSD Human Resources Department

For Human Resources use only:		
In accordance with the provisions of the Catastrophic Leave Donation Program the donation request is:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (Reason) _____	
_____ Number of days approved	_____ Assistant Superintendent, Human Resources	_____ Date

For Payroll use only:	
Sick days transferred in Current Solutions: _____	_____ Date and Initials