

November 2, 2015
Admin Bulletin #5



MEMO TO: All Supervisors' Association Employees
FROM: Paul Oropallo, Assistant Superintendent of Human Resources
SUBJECT: Catastrophic Sick Leave Bank

The purpose of this memorandum is to advise all Supervisors' Association employees of the leave program which gives an employee the opportunity to donate sick leave or vacation to a catastrophic leave bank. The bank is intended to provide additional sick leave to permanent employees who suffer a catastrophic illness by supplementing extended sick leave so an employee can continue to receive full pay (Article 7.11 of the collective bargaining agreement).

The window period for making a donation is November 2 through November 30, 2015. **Because the bank exceeds the 1000 hours cap, only newly eligible employees and those who have not donated in the past need to contribute during this contribution period.**

Eligibility to Donate:

1. Be a permanent employee of the Supervisors' Association.
2. If donating sick leave, have at least five days of accrued sick leave following donation.
3. Make a donation of at least one work day (employee's regular scheduled hours) to the bank.
4. Complete the irrevocable donation form during the donation period (11/2/15 - 11/30/15) and submit it to the Human Resources Office by the end of the day on November 30, 2015.

If you have any questions regarding this leave provision, please contact Peggy Summey at 971-7251 or your representative.

2015-2016 **SUPERVISORS' ASSOCIATION SICK LEAVE BANK - IRREVOCABLE DEPOSIT**

This deposit to the Supervisors' Association Catastrophic Sick Leave Bank for permanent employees is made pursuant to the provisions of the collective bargaining agreement.

I hereby irrevocably deposit to the Supervisors' Association Catastrophic Sick Leave Bank (**donations must be at least one day of the employee's regularly scheduled hours**) the following:

_____ Hours of Sick Leave _____ Hours of Vacation Leave

I understand that the aforementioned number of hours of sick leave/vacation will be deducted from my accrued sick leave/vacation. I further understand that the aforementioned number of hours of paid sick leave deducted will not be available to PERS for retirement purposes.

Print Name: _____ Work Site: _____ Employee # or SS# _____

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE
For Human Resources/Payroll Use Only

___ Approved ___ Disapproved

Signature: _____
Sick Leave Bank Representative

Hire Date: _____
Work Year Profile: _____
Vacation Balance: _____
Sick Leave Balance: _____

**RETURN COMPLETED FORM TO HUMAN RESOURCES OFFICE – ATTN: PEGGY SUMMEY
NO LATER THAN NOVEMBER 30, 2015**