CERRITOS COLLEGE

CATASTROPHIC ILLNESS/INJURY LEAVE DONATION FORM

INDIVIDUAL REQUEST FOR DONATIONS

An employee, who is eligible for participation in the District's Plan, is requesting leave donations at this time. If you wish to donate sick leave and/or vacation leave, please complete and submit this form to the Human Resources Office.

RECOMMENDATION: Because the leave you donate is irrevocable, the District cautions you to carefully consider the amount of leave you are donating. The District recommends that if you choose to donate, that you contribute only eight (8) or sixteen (16) hours for one request. An employee has the right to request donations again if he/she exhausts all available leave from this request. However, no employee is eligible for donated leave beyond twelve (12) consecutive months (pursuant to the provisions of Education Code Section 87045).

I understand the terms and conditions of the Catastrophic Illness/Injury Leave Donation Plan, and wish to contribute sick leave and/or vacation leave a specified below.

OUR NAME:	
OCIAL SECURITY NUMBER:	print your name
oome becommenter.	required
JUMBER OF SICK LEAVE HOURS TO BE	-
NUMBER OF VACATION HOURS TO BE D	DONATED:
understand that this donation is irrevocable ar rom my accumulated sick leave or vacation lea	nd that the leave amount(s) indicated above will be deducted ave account(s) accordingly.
your signature	date
***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
FOR C	DFFICE USE ONLY
IUMAN RESOURCES OFFICE VERIFICAT	TION:
AYROLL DEPARTMENT VERIFICATION	: Deduction of sick leave and or vacation leave from
	made on and credited to
name of employee (donor's)	date
account(s).	

Last update: 9/14/05