

**Catastrophic Leave Bank
Enrollment/Donation Form**

**Management Team (AASD)
Certificated Bargaining Unit (SDEA)
School Police Services Bargaining Unit (POA)**

Please **print** the following information:

Last Name: _____ First Name: _____ M.I. _____

Employee ID #: _____ Job Title: _____

Phone Number #: _____ email: _____

Work Location: _____ Cost Center number(4 digit): _____

Check here if less than full-time, partial contract, job-share, or reduced workload status.

I wish to donate _____ full-salary SICK leave day(s) to the Catastrophic leave bank.
(enter number of days)

I wish to donate _____ full-salary VACATION leave day(s) to the Catastrophic leave bank.
(enter number of days)

Authorization – Read Carefully

This is to request and authorize San Diego Unified School Districts' Payroll Unit to deduct the number of days specified above from my sick leave or vacation leave balance and transfer the day(s) to the Catastrophic Leave Bank. I understand that the transfer of sick leave or vacation leave to the Catastrophic Leave Bank is irrevocable. I also understand that a minimum of one day of sick leave or vacation leave must be donated in order to qualify for membership in the bank.

Signature _____ Date _____

RETURN THIS FORM TO:

Gloria Rangel
Human Resources Technician– Human Resource Services Division
Eugene Brucker Education Center, Room 1241
4100 Normal Street, San Diego, CA 92103
Phone: (619) 725-8172, Fax: (619) 296-7522

FOR DISTRICT USE ONLY:	BU _____	Hours Avail _____	Assignment % _____
Status _____	Date Logged: _____	Number of Hours _____	CTS or CTV _____