

**Catastrophic Leave Bank
Enrollment/Donation Form**

Please **print** the following information:

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

Employee ID #: _____ **Job Title:** _____

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

Phone: _____ **email:** _____

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

**I wish to donate _____ full-salary SICK leave day(s) to the Catastrophic Leave Bank.
(Specify the number of days)**

**I wish to donate _____ full-salary VACATION leave day(s) to the Catastrophic Leave Bank.
(Specify the number of days)**

Authorization – Please Read Carefully

This is to request and authorize the San Diego Unified School District, 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 Specialist – 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 _____