

CORONA-NORCO UNIFIED SCHOOL DISTRICT

CATASTROPHIC LEAVE BANK
IRREVOCABLE DONATION FORM

I understand that this donation of my sick leave is made specifically for the following unit member _____ (name of person receiving donation). Further, I understand that this donation is irrevocable and will be deducted from my accumulated sick leave. I also understand that upon retirement I shall not be entitled to receive credit for the days donated.

My signature below indicates my agreement to hold the District and the Association harmless for all claims and liabilities arising from my donation.

- I wish to donate _____ (number of days, *maximum eight*)

Sick Days: _____ Vacation Days: _____

Dated this _____ day of _____ 20__

Name – please print

Employee ID #

Signature

School Site

(RETURN THIS FORM TO THE DISTRICT HUMAN RESOURCE OFFICE)

Payroll Verification: 1 day deduction 4 day deduction 7 day deduction
 Sick Vacation 2 day deduction 5 day deduction 8 day deduction
 3 day deduction 6 day deduction none

Notes: _____

Copies: District/ Association/ Payroll/ Donating Employee