

APPENDIX G

SWEETWATER UNION HIGH SCHOOL DISTRICT

**Sweetwater Education Association/
CTA/NEA**

**DONATION OF ACCRUED LEAVE
FOR CATASTROPHIC LEAVE BANK**

Name of Employee Donating _____ SS# _____

Job Title _____ Work Site _____

Hours worked per day _____

Number of days to be *donated (please check) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Donation of Accrued Leave for catastrophic illness or injury:

- I understand that I may voluntarily donate a maximum of six (6) days per year from my accumulated accrued leave, provided I have ten (10) days of accrued leave remaining at the time of the donation.
- I understand this donation is irrevocable and I agree to indemnify and hold harmless the District from any loss or damages resulting from this program.
- I understand that my accrued leave will be used by an employee who has suffered a catastrophic illness/ injury and has exhausted all paid leaves. I further understand that the confidentiality between participants will be maintained.

Employee Signature

Date

Forward to Payroll Copy will be returned to you after deduction has been made

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From the Payroll Department:

As identified above, _____ day(s) have been deducted from your accrued leave which leaves your balance at: _____.

Payroll Signature

Date

SUBMIT FORM TO PAYROLL

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