SWEETWATER UNION HIGH SCHOOL DISTRICT

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 (ple	ase check) □1 □2 □3 □4 □]5 🗌 6
Please check bargaining unit/group ☐ SEA ☐ SCGA ☐ NAGE ☐ MASD ☐ CSEA ☐ CONFIDENTIAL		
*Donation of accrued leave shall <u>i</u>	not impact eligibility for perfect attendance	
Donation of Accrued Leave for cata	strophic illness or injury:	
accrued leave, provided I had donation.	eve twenty (20) days of accrued leave	days per year from my accumulated e remaining at the time of the
any loss or damages resulti		iy and noid narmiess the district noin
	ed leave will be used by an employee usted all paid leaves. I further under maintained.	•
Employee Signature	Date	
Forward to Payroll. been made.	Copy will be returned to	you after deduction has
From the Payroll Department:		
As identified above,	day(s) have been deducted from	n your accrued leave which leaves
your balance at:	·	
Payroll Signature	 Date	