

APPLICATION FOR EXCEPTION TO DONATE SICK LEAVE TIME

(As per Section 19.14 Catastrophic Leave, of the GUSD/CSEA South Butte Chapter #395 Collective Bargaining Agreement)

Member Contributor (donor): _____ Date: _____

Employee ID Number: _____ School Year: _____

Worksite Location: _____ Full-time: _____ Part-time: _____

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I hereby make a request to the Superintendent to apply for an exception to donate sick leave time to the Catastrophic Leave Pool. I understand that to be approved for the exception, the following conditions must be met:

- 1) Approval for exceptions is at the Superintendent discretion;
- 2) I must have a minimum of one (1) year of sick leave balance at the time of donation;
- 3) I agree that I will not go into negative sick leave during the school year of donation, except in the cases of unforeseen circumstances;
- 4) I understand an exception may only be granted once during the school year;
- 5) I understand that this donation is not to exceed a total of two (2) days during the school year; and
- 6) If there remains any donated but unused sick leave in the pool, those days will be retained in the sick leave bank.

Donor Employee Signature

Date

* * * * *

This request to donate sick leave time was approved by the Catastrophic Leave Committee on _____ in accordance with CSEA's Collective Bargaining Agreement. I hereby authorize the above name employee's request to donate sick leave under an exception for the Catastrophic Leave Pool based on verification and agreement of the accepted conditions noted above.

Superintendent Signature

Date

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VERIFICATION OF DONATED SICK LEAVE TIME

To Donor Employee:

Your sick leave time has been decreased by _____ day(s) to implement the above requests. Please retain this verification sheet for your records.

Personnel Signature

Date