



SEIU Donation Form for Catastrophic Leave

Designated Donation Period August 1st through January 31st

School/Fiscal Year of Donation: July 1 _____ through June 30 _____ <small style="margin-left: 100px;">Year</small> <small>Year</small>	
Employee Name: <i>(Please Print – Last Name, First Name)</i>	Last 4 Digits of Social Security Number:
Position Title:	School/Department:
Work Phone:	Home/Cell Phone:
Current Work Calendar: <i>(Circle One)</i> 10 Month 11 Month 12 Month	Current Regular Assignment Hours Worked: Per Day _____ or Per Week _____
<input type="checkbox"/> Annual Donation: I am donating <input style="width: 50px;" type="text"/> hours annually to the SEIU Catastrophic Sick Leave Bank. This is my regular assignment number of hours as of today's date _____.	
<input type="checkbox"/> Opt-out Annual Donation effective date _____.	
<input type="checkbox"/> Standing/ One-Time Donation: I am donating a One-Time donation of <input style="width: 50px;" type="text"/> hours to the SEIU Catastrophic Sick Leave Bank. This is my regular assignment number of hours as of today's date _____.	
This is my _____ consecutive donation year.	
<p>I hereby elect to donate my eligible sick leave credits to the SEIU Catastrophic Sick Leave Bank. I understand donations are irrevocable and may not be designated for the use of any specific participant. I understand that I, as a unit member, who wishes to participate in the Bank must donate a minimum of one full sick leave day based on regular assignment hours worked to the Bank. The designated donation period shall occur on August 1st through January 31st annually. I understand that after 15 years of consecutive annual donations, I will no longer be required to make further donations to be recognized as a vested member of the SEIU Catastrophic Sick Leave Bank. I have read the negotiated agreement regarding the provisions and definitions of the terms of the Bank.</p> <p>If the SEIU Catastrophic Sick Leave Bank does not have sufficient days to fund a withdrawal request, the District is under no obligation to provide days and is under no obligation to pay the participant any funds. (Refer to Attachment G of the SEIU Contract for the replenishment process.)</p> <p>If the District denies a request for withdrawal, or an extension of withdrawal, because of insufficient days to fund the request, they shall notify the participant, in writing, of the reason for the denial. If the SEIU Catastrophic Sick Leave Bank is terminated for any reason, the days remaining in the SEIU Catastrophic Sick Leave Bank shall be returned to the current members of the Bank proportionately.</p>	
Employee/Donor's Signature: _____ Date: _____	

Submit Donation Forms to Human Resource Services, Mailbox 770.

*Employees: Please keep a copy for your records.
Cc: Human Resource Services, Personnel File*

Human Resources Received Date:
