



# Bakersfield City School District

## Catastrophic Illness Sick Leave Bank Donation Form

Please type or print in ink

Employee: \_\_\_\_\_ EIN: \_\_\_\_\_

I wish to donate sick leave to the Catastrophic Illness Sick Leave Bank as specified below. I understand that this donation will be deducted from my accumulated sick leave. I also understand that the donation is voluntary and irrevocable and cannot be rescinded for any reason whatsoever. I further understand that the donation shall be a general donation to the Catastrophic Illness Sick Leave Bank and shall not be donated to or for a specific employee for their exclusive use.

Number of days to be donated: \_\_\_\_\_

I understand the terms and conditions of the Catastrophic Illness Sick Leave Bank program.

\_\_\_\_\_  
(Employee Signature) (Date)

Please return the completed form to the Bakersfield City School District Payroll Department at 1300 Baker St. Bakersfield, CA 93305.

*For Human Resources/Payroll Use Only*

Number of days deducted from earned sick leave: \_\_\_\_\_

Donation Approved    Yes \_\_\_\_\_ No \_\_\_\_\_    Date: \_\_\_\_\_

If no, reason: \_\_\_\_\_

\_\_\_\_\_

Processed by:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

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