Shasta Secondary Employees Association (ESP)
Catastrophic Leave Donation Form
Refers to Article 9.11of ESP Contract

Date: _____

Donors Name: _____

Donors Site: _____ Number of hours donated: _____

Person donated to: _____ or Bank: _____

To donate you:

1. Must have a minimum number of hours of Sick Leave equivalent to the hours the unit member works in thirty (30) work days;

2. Must maintain as a minimum the number of hours of Sick Leave equivalent to the hours the unit member works in twenty (20) work days; and

   i.e. 5.17 hrs/day X 20 days = 103.4 hours minimum

3. Know that your donation of sick leave will affect your retirement.

I agree to donate hours as specified above. I recognize that hours donated to the Catastrophic Leave Bank stay in the bank. These hours will not be returned to me. If, however, I donate hours to a specific person, and the hours are not utilized, these hours will not be deducted from my sick leave accrual.

Signature _____