



**CERTIFICATED CATASTROPHIC LEAVE
 SICK LEAVE "DIRECT DONATION" FORM**

I wish to donate _____ day(s) of my unused sick leave to:
Maximum of 2

Please Print Name

School Site

I understand that I must have at least five (5) sick days in my sick leave account in order to make this donation, and that any sick leave I donate is an irrevocable donation.

I understand a direct donation does not qualify the donator for eligibility in the "Bank."

I understand as a member of STRS that the donated sick leave will not be available for certification to the retirement system. This will result in a reduction of service credit that may have otherwise been available to me at the time of retirement. I verify that I understand as a result of this donation, I may exhaust my own accrued sick leave more quickly and be left without compensation/coverage.

Signature: _____

Date: _____

Name: _____

Site: _____

Personnel/Payroll Department Use Only:

 Assistant Superintendent, Human Resources

 Date

_____ * Day(s) transferred as requested above.

 Payroll Technician

 Date

** If zero days are listed, a transfer could not be made because you do not have the required 5 days in your sick leave account.*

Appendix "C"