



Classified Employee Donation Form for Contributions To the Catastrophic Leave Reserve

Employee _____
 EID# _____ Site _____
 Position _____

I am a member of the CSEA bargaining unit, and wish to donate _____ day(s) to the Catastrophic Leave Reserve. These donated hours are to be deducted from my accrued Sick Leave.

I understand that I may contribute up to a maximum of three (3) days per year. I also understand that I must retain no less than a full year's accumulated sick leave after the contribution.

This written authorization acknowledges that I understand the transfer authorization is irrevocable.

Full-Time Employees ONLY:

I understand as a member of PERS that the donated sick leave time will not be available for certification to the retirement system. This will result in a reduction of service credit that would have otherwise been available to me at the time of retirement. I verify that I have read and understand the conditions of donating accrued sick leave to the Catastrophic Leave Reserve according to Article 12, Leaves, of the CSEA Contract.

Signature of Employee _____
Date

PERSONNEL/PAYROLL DEPARTMENT USE ONLY:

* _____ Hours have been transferred from the sick leave account of the employee listed above and have been credited to the Catastrophic Sick Leave Reserve Bank

* *If zero hours are listed above it is because you are unable to contribute to the Catastrophic Sick Leave Reserve Bank at this time. In order to contribute, you are required to retain a full-year's sick leave in your sick leave account.*

Payroll Technician _____
Date