



**DONATION OF SICK LEAVE REQUEST – CLASSIFIED**

Pursuant to CSEA Contract Article 8.6.3\*, please transfer \_\_\_\_\_ (up to a maximum of 5) of my unused sick leave days to: \_\_\_\_\_.

I understand that my donation is irreversible, and final. I understand that as a result of this transfer, I may exhaust my own accrued sick leave more quickly and be left without compensation/coverage. I expressly acknowledge that this transfer is voluntary on my part and have not received nor will I receive any entitlement, right or benefit as a result of this transfer.

Employee Signature: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Site: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit to the Payroll Office after completion.

Article 8.6.3\* - “Any unit member also has the option to donate up to 40 hours per member as long as the total number of hours received is no more than 200 hours. The District shall apply any donated hours prior to the commencement of 100 days of half paid sick leave.”

*\*Per mutual agreement of CSEA and PSD, revisions have been updated on this form, but pending Board approval.*