

MADERA UNIFIED SCHOOL DISTRICT

Human Resources Department

CATASTROPHIC LEAVE DONATION FORM

I hereby request to donate _____ hours to the following employee for purposes of Catastrophic Leave pursuant to Ed Code 44043.5 and Board Policy 4161.9(a).

Recipient Name: _____

Job Title: _____

Work Site: _____

Reason: _____

Donor Name: _____

Job Title: _____

Donor SSN: XXX-XX-_____

Work Site: _____

I authorize my donation to be deducted from

☐ Sick Leave

☐ Vacation

Donor Acknowledgement

- I understand that the employee must be deemed eligible by Human Resources to accept Catastrophic Leave Donations.
- I understand my donation is irrevocable.
- I understand donations shall be at a minimum of eight (8) hours and in hour increments thereafter.
- I understand I may not reduce my own accrued balance to fewer than ten (10) days.
- I understand if my own leave balance is less than ten (10) days, I may not donate.

I certify that I have read the above and understand the terms of the Catastrophic Leave Program.

Donor Signature

Date

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To be completed by Human Resources

☐ Donation Approved

☐ Donation Denied for the following reason: _____

Human Resources Authorized Signature

Date