CERRITOS COLLEGE

CATASTROPHIC ILLNESS/INJURY LEAVE DONATION FORM

INDIVIDUAL REQUEST FOR DONATIONS

An employee, who is eligible for participation in the District's Plan, is requesting leave donations at this time. If you wish to donate sick leave and/or vacation leave, please complete and submit this form to the Human Resources Office.

RECOMMENDATION: Because the leave you donate is irrevocable, the District cautions you to carefully consider the amount of leave you are donating. The District recommends that if you choose to donate, that you contribute only eight (8) or sixteen (16) hours for one request. An employee has the right to request donations again if he/she exhausts all available leave from this request. However, no employee is eligible for donated leave beyond twelve (12) consecutive months (pursuant to the provisions of Education Code Section 87045).

I understand the terms and conditions of the Catastrophic Illness/Injury Leave Donation Plan, and wish to contribute sick leave and/or vacation leave a specified below.

YOUR NAME: ____
print your name

SOCIAL SECURITY NUMBER: ______________________________
required

NUMBER OF SICK LEAVE HOURS TO BE DONATED: ____________

NUMBER OF VACATION HOURS TO BE DONATED: ____________

I understand that this donation is irrevocable and that the leave amount(s) indicated above will be deducted from my accumulated sick leave or vacation leave account(s) accordingly.

______________________________ ______________________
your signature *date*

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FOR OFFICE USE ONLY

HUMAN RESOURCES OFFICE VERIFICATION: ___________

PAYROLL DEPARTMENT VERIFICATION: Deduction of sick leave and or vacation leave from

_________________________ account(s) was made on ________________ and credited to
name of employee (donor's) *date*

____________________________ account(s).
name of employee (donee's)

Last update: 9/14/05