



FACULTY CATASTROPHIC LEAVE BANK DONATION FORM

Instructions: Sick leave donations must be submitted within the first month of the Fall semester, when a call for donations is made, or upon retirement. Only faculty who have contributed to the bank may request to use catastrophic leave. (Article 5, 3.5 of the AVCFT CBA).

A. EMPLOYEE INFORMATION

Employee Name: _____ ID Number: _____
Division/Department: _____ Personal Phone Number: _____

B. TO DONATE LEAVE COMPLETE SECTIONS A & B AND SUBMIT TO THE OFFICE OF HUMAN RESOURCES

I understand the requirements of the Catastrophic Leave Program and I wish to donate sick leave as specified below. I wish to donate eligible leave credits to the appropriate Catastrophic Leave Bank by completing the donation form, indicating the amount of sick leave time totaling a minimum of one day for full-time faculty or 4 hours for adjunct faculty. I understand I must maintain a balance of four or more weeks of accumulated sick leave (prorated for adjunct unit members).
I understand that all my approved donated leave will be accessible through my "Leave History by Job" through self-service Banner.
I authorize the District to deduct the specified amount from my leave balance(s). I also understand that this donation is voluntary and irrevocable. All donations will be deposited to the appropriate Catastrophic Leave Bank.
[] Full-Time Faculty: I wish to donate sick leave hours
[] Full-Time Faculty: I wish to donate overload sick leave hours
[] Adjunct Faculty: I wish to donate sick leave hours
Please Note: Some faculty may be eligible to use earned sick leave for service credit upon retirement. Please check with CalPERS/CalSTRS prior to making your donation.

FACULTY NAME (Print) FACULTY NAME (Signature) Date

OFFICE OF HUMAN RESOURCES USE ONLY

Date Form Received:
Reviewed by:
[] Approved Number of Hours Donated:
[] Partially Approved
[] Denied
Reason for Partial Approval or Denial:
Copy of Denial/Partial Approval sent to Employee