CATASTROPHIC LEAVE BANK DONATION PROGRAM

ADJUNCT FACULTY

PARTICIPATION REQUEST FORM

Please complete, sign and submit form to: catastrophicleave@kccd.edu or
District Human Resources-Attention Catastrophic Leave Committee

Employee Name (Please Print):	Employee ID:
Campus:	Department:
Number of Sick Leave Hours To be Donated (Minimum 8 Hours Donation):	Telephone Number:
_____ Hours	

I hereby elect to donate my eligible sick leave credits to the Catastrophic Leave Bank. I understand that sick leave donations are irrevocable and may not be designated for the use of any specific participant. I understand my donation cannot reduce my remaining available leave balance to less than 10 hours. I have read the negotiated agreement regarding the provisions and definitions of the terms of the Bank. I understand I must wait 30 calendar days after joining the bank before I am eligible to withdraw from it. I understand the amount indicated will be deducted from my accumulated sick leave as specified by me. I agree to hold the District, CCA, and the Committee harmless for any and all claims and liabilities arising out of such deposit and/or its subsequent use.
If the Catastrophic Leave Bank does not have sufficient days to fund withdrawals, a future call for sick leave donations may be required and I will need to donate additional time to maintain membership in the Catastrophic Leave Bank. If I decline to donate I will be opting out of the Catastrophic Leave Bank, forfeiting my ability to utilize catastrophic leave.

Donor's Signature: Date:

District Payroll Office/Catastrophic Leave Committee Verification:	
Beginning Adjunct Sick Leave Balance as of Date of Request:	
Available Sick Leave Balance Remaining after Leave transferred to Bank:	
Processed by:	Date:
Notes:	