

CATASTROPHIC LEAVE DONATIONS

TO: Cuesta College Human Resources Office

DONATION FOR: _____

FROM: _____
(Please print your name)

Banner ID (if you don't know it leave blank) #: _____

I would like to donate sick leave credits.

Hours donated.

Sick leave credits shall be made in blocks that are equivalent to one day of leave for the donating employee.
(Employees donating sick leave credit shall be required to have a sick leave balance equivalent to five days {e.g., full-time employee = 40 hours} following the donation.)

I would like to donate vacation or compensatory time credits.

Hours donated.

Vacation or compensatory time credits shall be made in blocks of not less than 2 hours per donating employee.

Employee Signature: _____

Date: _____

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