



Meniffee Union School District

DONATION OF CATASTROPHIC SICK LEAVE HOURS  
BY CERTIFICATED EMPLOYEES

**INSTRUCTIONS:** This form shall be used by certificated employees who wish to donate sick leave hours to an approved applicant on catastrophic leave. Any certificated employee who has the equivalent of 160 hours or more of accrued sick leave may act as a donor. Each donation cannot exceed a total of 32 hours/4 days per donor. Each applicant shall be credited with a maximum of 480 hours. Information about applicants and donors shall not be disclosed by the district.

By signing and submitting this form, I attest that I have 160 hours/20 days or more of sick leave available prior to this donation.

Submit the completed form to the Payroll Office.

I, \_\_\_\_\_  
(Print Name) (Employee ID Number)  
wish to donate \_\_\_\_\_ (not to exceed 32 hours) of my sick leave balance to:  
(Hours)

\_\_\_\_\_  
(Name of Approved Catastrophic Leave Applicant)

By signing below, I acknowledge my desire to donate my accrued eligible sick leave hours to the approved applicant. I understand that my donation is irrevocable.

\_\_\_\_\_  
(Signature) (Date)

OFFICE USE ONLY

Date received by Payroll Dept. \_\_\_\_\_

Available Sick Leave prior to donation: \_\_\_\_\_

Donated amount: \_\_\_\_\_

Donor's remaining Sick Leave Balance: \_\_\_\_\_

Donation Accepted  Donation Denied: Reason \_\_\_\_\_

Applicant's Approved Application Attached:  YES  NO

\_\_\_\_\_  
(Processed By) (Date)

\_\_\_\_\_  
(Payroll Supervisor) (Date)