



Brea Olinda Teachers Association

A CTA and NEA Affiliate

CATASTROPHIC LEAVE BANK DEPOSIT FORM

To be completed by employee (please print):

TO: BOUSD Human Resources Office

Fax: (714) 529-2137

From : _____
(Name of Donor)

Site: _____

I hereby irrevocably donate _____ day(s) (at least 1 day, but no more than 3 days maximum of sick leave to the Catastrophic Leave Bank).

As conditions of this donation, I understand that:

1. I have read Article 20 Catastrophic Leave Bank and understand the guidelines involved in contributing to the program.
2. I must have a minimum number of accumulated sick days available of at least ten (10) days.
3. I may donate a minimum of one (1) and a maximum of (3) days per year.
4. Once this donation is accepted by the Human Resources Division staff, the days will be deducted from my accrued sick leave, and will no longer be available for my use as sick leave or retirement credit.
5. I agree to hold the District and BOTA harmless for any and all claims and liabilities arising out of the above deposit.

This donation must be received by the BOUSD Human Resources Office no later than the communicated deadline.

Date

By: _____
Print/Type Name of Donor/Employee

Signature of Donor/Employee

cc: Donor's Personnel File