

Consent to Donate Sick Leave for Catastrophic Leave

Step One

Faculty Member's Name (or person making the request)	Date
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I hereby authorize the donation of _____ hours of my sick to _____, (faculty member's name). I understand this sick leave deduction (in hours) cannot reduce my balance to less than forty (40) days or three hundred and twenty (320) hours [eight (8) hours times forty (40) days].

Signature of Faculty Member	Date
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Step Two--District Office Verification

Sick Leave Balance as of Date of Request: _____ (hours)
After this deduction, the faculty member's sick leave balance exceeds the forty (40) days.

District Human Resources' Verification Signature	Date
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Step Three

Approved Denied Explanation: _____

Signature of Assistant Chancellor, Human Resources	Date
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