Item 8.2

INFORMATION SHEET 11/15/2016 TRUSTEES' MEETING

To: Jim Bridges

For: Board of Trustees

From: Nancie Castro

Re: Revised Catastrophic Leave Form, E 4161.9

The Catastrophic Leave Form has been revised. Employees will indicate how many hours of sick leave they want to donate, instead of having the choice of days or hours, since our payroll system reports sick leave in hours only.

All Personnel

E(1) 4161.9
4261.9
4361.9

CATASTROPHIC LEAVE PROGRAM

_____ Name

_____ Location

_____ Current Position

_____ Employee ID Number

I hereby contribute _____hour(s) of sick leave or_____ hour(s) of vacation (classified employees only) to_____.

I understand donations may be made to a permanent employee only, and that the employee must receive approval from the Superintendent for eligibility for catastrophic leave.

I hold harmless the District, its Board of Trustees, officers, Superintendent or designee with respect to the Catastrophic Leave Program. The District's Board of Trustees, officers, Superintendent or designee, and employees shall not be responsible in any way nor be held liable for the following actions, including but not limited to the development and administration of the Catastrophic Leave Program.

All transfers of eligible leave credit shall be irrevocable.

Final determination of whether to grant the catastrophic leave, if requested, will be made by the Superintendent or designee.

_____ Signature

_____ Date

PLEASE RETURN TO THE SUPERINTENDENT'S OFFICE

Note: Employee donating sick leave or vacation leave must be a permanent employee of the District at the time of donation

cc: personnel file
payroll department