

All Personnel

E(1) 4161.9

4261.9

CATASTROPHIC LEAVE PROGRAM

4361.9

Donation Form

Note: Employee donating sick leave or vacation leave must be a permanent employee of the District at the time of donation. The minimum donation is one day of earned sick or vacation leave. Employees donating vacation time must have an overall vacation leave balance of 120 hours remaining after donated time has been deducted. Employees donating sick leave must have a sick leave balance after donation, in an amount not less than the amount of their annual sick leave allocation.

Name

Location

Current Position

Employee ID Number

I hereby contribute _____ day(s)/hour(s) of sick leave or _____ day(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

cc: personnel file
payroll department

Exhibit
Approved: March 10, 2020

JEFFERSON SCHOOL DISTRICT
Tracy, California

All Personnel

E(2) 4161.9
4261.9
4361.9

**REQUEST FOR CONSIDERATION OF
CATASTROPHIC LEAVE**

I, _____ hereby request consideration for Catastrophic Leave.

"Catastrophic illness" or "injury" means an illness or injury that is expected to incapacitate the employee for an extended period of time, (45 calendar days or intermittent leave for more than 25 work days in a 12 month period), or that incapacitates a member of the employee's family which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he/she has exhausted all of his/her sick leave and other paid time off. For the purpose of this policy, a family member is defined as spouse, child or stepchild, legal adopted child, mother or father, step-mother or step-father or any relative living in the home of the employee for whom the employee has sole responsibility.

Completed by Physician:	
Documents may be attached.	
Verification of the nature of the illness/ disability:	_____

Duration of the Illness or Injury:	_____
Anticipated length of absence:	_____
Signature of Physician:	_____
Date:	_____

Employee's Signature

Date

cc: personnel file
payroll department

Exhibit
Approved: March 10, 2020

JEFFERSON SCHOOL DISTRICT
Tracy, California