



Carlsbad Unified School District

6225 El Camino Real • Carlsbad, CA 92009
(760) 331-5000 • (760) 431-6707

...a world class district

2006-2007 SCHOOL YEAR

CERTIFICATED CATASTROPHIC LEAVE BANK DONATION FORM

Name of Employee Making Donation: _____

I hereby authorize the Carlsbad Unified School District to deduct _____ hours (not to exceed 8 hours) of my accrued sick leave to be deposited in the Certificated Catastrophic Event/Illness Leave Bank.

I hereby certify that at the conclusion of the preceding school year I had an accumulated sick leave balance of at least 21 days.

I understand that I have irrevocably donated such hours and that they will no longer be available for my use.

Signature of Employee Making Donation

Date

PRINT NAME

Site / Department

Please return to the Payroll Department