

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

TO: CLASSIFIED STAFF (NON-ADMINISTRATIVE)

PLEASE RETURN
FORM BY 10/1/11

FROM: DORI IBARRA / KRISTIN KEENEY - (310) 378-9966 EXT. 986
SENIOR ACCOUNT CLERK

DATE: August 31, 2011

RE: CATASTROPHIC SICK LEAVE DONATION PLAN - CLASSIFIED ONLY

A catastrophic leave bank has been established to which non-administrative classified employees may donate two (2) days worth of assigned hours of sick leave annually to the Catastrophic Sick Leave Bank. The donation shall be irrevocable. Sick leave which is donated shall be deducted from accrued sick leave.

An employee who, as a result of a catastrophic illness or injury, has exhausted all paid personal injury and illness leave entitlement, may draw up to thirty (30) days from the leave bank (if approved), if they make a donation in the current year. **Only new employees, those who have never contributed to the sick leave bank, or those who have drawn from the sick leave bank need to contribute, as the bank has a sufficient balance.**

	<u>Receipts</u>	<u>Payments</u>
2010-11	1,362.70 hours(170.34 days)	136.47 days (4 persons)
TOTAL	<u>1,362.70</u> hours (170.34 days)	<u>136.47</u> days

BALANCE IN BANK AS OF AUGUST 31, 2011 is **33.53**

IMPORTANT: For 2011-12, all employees must contribute in order to be eligible to draw from the Catastrophic Sick Leave Bank.

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PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Catastrophic Sick Leave Donation Plan - Classified

I wish to donate two days worth of assigned sick leave to the Catastrophic Sick Leave Bank.

I understand this donation to be voluntary and irrevocable. I agree to indemnify and hold the District harmless from any claims, demands or causes of action related to the donation.

Employee Name (Print) Date

Employee Signature

_____ I am a full-time employee (8 hours a day), giving 16 hours

_____ I am a part-time employee (____ hours a day)

<p><u>For Payroll Use Only</u> Number of Hours of Donation _____</p>

Please return to the Payroll Office by October 1, 2011.