

RETURN COMPLETED FORM TO THE PAYROLL DEPARTMENT
no later than May 31, 2017

**PYLUUSD CATASTROPHIC SICK LEAVE BANK
IRREVOCABLE DEPOSIT**

This deposit to the District's Classified Catastrophic Sick Leave Bank for classified employees is made pursuant of Article 13.14 of the Collective Bargaining Agreement.

I hereby irrevocably deposit to the District's Catastrophic Sick Leave Bank.

_____ HOURS OF MY ACCUMULATED SICK LEAVE

_____ HOURS OF MY ACCUMULATED VACATION TIME

I understand that the aforementioned number of hours of paid sick leave/vacation time will be deducted from my accrued sick leave and/or vacation. No classified employee may donate sick leave days which are more than 50% in excess of ten (10) days of earned sick leave.

Dated this _____ day of _____, 20_____

Name (Please Print)

Employee ID#

Signature

** Minimum yearly donation to be eligible to withdraw from this bank in the future is the equivalent of ONE work day.