



*Educating Innovative, Global Thinkers*

**Classified Employee Catastrophic Leave Donation Form  
Del Mar Union School District**

I agree to donate eight (8) sick hours from my available Sick Leave Balance to the Classified Employee Catastrophic Leave Bank. I understand my catastrophic leave bank donation will be used by an employee who has exhausted all of their sick leave balance and needs to continue to be off work for an extended amount of time due to a catastrophic reason. The catastrophic leave bank will comprise of donations from all classified employees, regardless of job title, position or hours worked per day/per week.

I am willing to donate eight (8) sick hours to \_\_\_\_\_ for his or her catastrophic leave.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_