

**POWAY UNIFIED SCHOOL DISTRICT  
POWAY FEDERATION OF TEACHERS**

**Catastrophic Illness Sick Leave Bank  
DONATION FORM**

Ca Ed Code and the Collective Bargaining Agreement between PUSD and PFT (Section IV Leave of Absence Policy: Donation of Sick Leave for Catastrophic Illness) permits permanent unit members to donate a portion of unused sick leave to a Catastrophic Illness Leave Bank to be used by other permanent unit members. This sick leave is to be used for an illness or injury that incapacitates the unit member, or a member of his or her family, for an extended period of time. This sick leave is available after all other paid leave options have been exhausted **and** with the approval of the Catastrophic Leave Governing Committee. All qualified PFT permanent unit members who meet the catastrophic illness or injury definition **and** are approved by the committee will be eligible to access up to 50 days or 50% of the total available leave bank, whichever is less. NOTE: To donate, you must have an accumulated sick leave balance of at least ten days at the conclusion of the previous school year.

Per the PUSD/PFT Collective Bargaining Agreement, these are the minimum and maximum allowable hours of donation:

**Minimum Donation:** 1 day (The hours equivalent to 1 day of work. Examples: For a 100% full time teacher 1 day is 7 hours. For a 50% part-time teacher 1 day is 3.5 hours).

**Maximum Donation:** Not more than 25% of a unit member’s accumulated sick leave. Donations may be made annually.

To donate a portion of your unused sick leave, you must complete, sign, and submit this form to PFT or the Payroll Department.

<b>TO BE COMPLETED BY EMPLOYEE</b>	
<p>I am a permanent/tenured PFT unit member (not temporary or probationary). I wish to donate to the Catastrophic Illness Leave Bank _____ <b>hours</b> from my available balance. I have a balance of at least 10 days of accumulated sick leave as of June 30<sup>th</sup> of the previous school year.</p> <p><b>I understand this request is irrevocable and cannot be rescinded for any reason whatsoever.</b></p>	
_____ Print Name	_____ Employee ID Number
_____ Signature	_____ Date

**Please return completed form to PFT or to Payroll. Upon receipt, PFT or Payroll will provide a copy to the other party so both PFT and Payroll have copies on file.**