



**Non-Represented Management
Donation Form for Catastrophic Leave**

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|---|---|
| Employee Name: (Please Print – Last Name, First Name) | Last Four (4) Digits of Social Security Number: |
|---|---|

School/Department:

Title:

Work Phone:

Definition of Leave: (Per Education Code 44043.5 [2] Eligible leave credits means sick leave accrued to the donating employee. A minimum of a day¹ initially and then in one [1] hour increments.)

Sick Leave Hours: _____

I, a member of Non-Represented Management, hereby elect to donate my eligible leave credits to the designated certificated/classified employee, also a member of Non-Represented Management, named above for the purpose of mitigating the employee's hardship due to a catastrophic illness, suffered by the employee, the employee's spouse, or child.