

APPLICATION TO **RECEIVE** SICK LEAVE TIME

As per Section 10.1.18, Donation of Sick Leave, of the CUSD/CUTA Collective Bargaining Agreement, Section 5.2.8, Catastrophic Leave Program, of the CUSD/Chico Chapter #110 CSEA Collective Bargaining Agreement, and authorization of the Chico Unified Management Association.

Member Recipient: _____ Date: _____
Social Security # or Employee ID #: _____ Fiscal Year: _____
Primary Worksite Location: _____ Full-time: ☐ Part-time: ☐

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I have exhausted all appropriate fully paid leaves available to me due to an illness/injury. My first day of leave for this illness/injury was: _____

I hereby request the President of my employee organization and its Executive Board/Executive Council to approve the transfer of up to _____ day(s) from the sick leave pool established in my name to be used by me as necessary for sick leave time consistent with provisions of Education Code Section 44043.5. I understand that this time can be used only in full- or half-day increments.

Signature of Recipient: _____ Date: _____

(Print Form, Sign and Date, Submit to the Payroll Department. Thank you!)

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This request to donate sick leave time from the above named pool was approved by ☐ Chico Chapter #110-CSEA ☐ Chico Unified Teachers Association ☐ Chico Unified Management Association on _____. In accordance with the employee organization's Collective Bargaining Agreement or CUMA by-laws, I hereby authorize the District to implement the transfer of up to ____ day(s) from the pool to _____ (Employee) for her/his use as sick leave as needed for this illness/injury. Any unused sick leave time will be returned to the sick leave donor(s) at the end of the school year on a pro rata basis in full- or half-day increments.

President: _____ Date: _____
☐ #110-CSEA ☐ CUTA ☐ CUMA

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Appropriate medical verification of illness/injury will be confirmed with the Human Resources office.

Confirmed ☐ Yes ☐ No

Human Resources Signature: _____ Date: _____