CHINO VALLEY
UNIFIED SCHOOL DISTRICT

AUTHORIZATION FOR TRANFERENCE OF SICK LEAVE

I, _____, hereby authorize the Chino Valley Unified School District to transfer _____day(s)/hours of my accrued sick leave to the Catastrophic leave program to be made available for utilization by the following employee:

_____
(Name of person to receive catastrophic leave benefit)

It is my understanding that sick leave may only be transferred between employees within the same service, i.e., certificated employees may donate to other certificated employees and classified may donate to other classified employees. I also understand that donated sick leave will be placed in a pool, along with other sick leave donations, and that the Division of Human Resources will conduct a periodic lottery to determine which employee's voluntary sick leave contributions will be transferred to the employee identified above. I also understand that when my sick leave is transferred, this authorization may not be revoked after the fact. Additionally, it is my understanding that any unused sick leave that I authorize for transfer to the person identified above shall remain my entitlement. Note: Do you want this information disclosed to the person who is to receive your sick leave?

_____Yes _____No

_____
SIGNATURE OF PERSON AUTHORIZING TRANSFERENCE

_____
DATE

_____
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER