



Bakersfield City School District Catastrophic Illness Sick Leave Bank Donation Form

Please type or print in ink

Employee: _____ EIN: _____

I wish to donate sick leave to the Catastrophic Illness Sick Leave Bank as specified below. I understand that this donation will be deducted from my accumulated sick leave. I also understand that the donation is voluntary and irrevocable and cannot be rescinded for any reason whatsoever. I further understand that the donation shall be a general donation to the Catastrophic Illness Sick Leave Bank and shall not be donated to or for a specific employee for their exclusive use.

Number of days to be donated: _____

I understand the terms and conditions of the Catastrophic Illness Sick Leave Bank program.

(Employee Signature) (Date)

Please return the completed form to the Bakersfield City School District Payroll Department at 1300 Baker St. Bakersfield, CA 93305.

<i>For Human Resources/Payroll Use Only</i>	
Number of days deducted from earned sick leave: _____	
Donation Approved	Yes _____ No _____ Date: _____
If no, reason: _____	

Processed by:	
(1) _____	(2) _____
9/19	