

PANAMA-BUENA VISTA UNION SCHOOL DISTRICT
4200 Ashe Road
Bakersfield, CA 93313
(661) 831-8331 · FAX (661) 398-2141

DONATION AND AUTHORIZATION TO TRANSFER SICK LEAVE OR TIME CREDITS

I hereby freely and voluntarily donate and authorize the transfer of the following days of my sick leave to the Panama-Buena Vista Union School District Catastrophic Leave Bank for the current school year, as authorized by the terms of Education Code §44043.5, pursuant to the following conditions:

1. I understand that the donation shall not be construed as a waiver of any statutory right to earned and/or accumulated sick leave I might have; and
 2. I understand that the sick leave will not be returned to me.
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TIME CREDITS DONATED TO: _____ **DONATING EMPLOYEE:** _____ **ID#** _____

Signature: _____

Sick Leave: _____ hours **Print Name:** _____

Other if Applicable: _____ hours **Date:** _____

For District Office Use:

The sick leave being donated satisfies the requirements set forth in Education Code §44043.5(b) and the provisions of the Panama-Buena Vista Union School District Catastrophic Leave/ Continuation of Pay Program.

Superintendent/Designee

- | | | |
|----|---|-------------|
| A. | Donating Employee's available sick leave: | _____ Hours |
| | Number of hours donated: | _____ Hours |
| | Donating Employee's revised sick leave: | _____ Hours |
| B. | Donating Employee's available other: _____ | _____ Hours |
| | Number of hours donated: | _____ Hours |
| | Donating Employee's revised balance: | _____ Hours |

Total hours donated pursuant to this Authorization: _____ **hours**

Please forward completed form to Human Resources/District Office.

Posted By: _____ Date: _____
