



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

Employee Name: (Please Print – Last Name, First Name)	Last Four (4) Digits of Social Security Number:
School/Department:	
Title:	

Work Phone:

<p><u>Definition of Leave:</u> (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.)</p> <p>Sick Leave Hours: _____</p>

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.