

# Corning Union High School District

## Certificated Employee Catastrophic Leave Donation Form

**Complete this form and submit to your Association President**

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Unit Member (Donor): \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that the Association approve my donation of \_\_\_\_\_ days, of my accumulated and unused Sick Leave, to be deposited for use by \_\_\_\_\_ (Recipient).

I understand this donation is not to exceed 10 days and that I must maintain at least 20 days of sick leave for my own use. Any unused days will NOT be returned and will remain in the Catastrophic Leave Bank for future use by any certificated unit member who requests and is granted catastrophic leave.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Association President Signature

\_\_\_\_\_  
Date

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### OFFICE USE ONLY:

#### Confirmation of Donated Days

☐ Days have been deducted from Donor's sick leave bank.

☐ Days have been added to catastrophic leave bank.

\_\_\_\_\_  
Account Technician-Payroll

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Business Official

\_\_\_\_\_  
Date