



## Catastrophic Leave Donation Form

On a case-by-case basis and with mutual agreement between CSEA and the County Office, any employee may donate up to 40 hours accumulated and unused sick leave to another employee who has suffered a long-term illness or disability and who has exhausted all fully paid leaves.

Donated sick leave shall be converted for utilization on an hour-for-hour basis, meaning the recipient shall be paid at his/her regular rate of pay.

### Donor Information:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Work Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Donation:

I am a classified employee of the Solano County Office of Education and I wish to donate \_\_\_\_\_ hours of sick leave for: (check one or both boxes)

Any eligible employee

Eligible employee's name: \_\_\_\_\_

### Terms and Conditions:

1. I understand that donations must be made in increments of whole hours.
2. Employees must maintain two (2) years' entitlement of hours for themselves after donation to another employee.
3. I am donating these hours freely and have not been forced or coerced into doing so.
4. I understand that these donated hours will be treated as leave hours of the employee named above, or by another employee eligible for Catastrophic Leave Sharing.
5. My donation, once processed and transferred, is irrevocable.

### Signatures:

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources  
Associate Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed form to [HumanResources@solanocoe.net](mailto:HumanResources@solanocoe.net)