



## CATASTROPHIC LEAVE BANK DONATION FORM

**TO: BENEFITS OFFICE**

**FROM** \_\_\_\_\_  
*Donor's Name*

**EMPLOYEE ID#** \_\_\_\_\_ **CAMPUS/DEPARTMENT** \_\_\_\_\_

**Complete and return this form by the last business day in September (enrollment is only allowed during the month of September).**

**Please return completed form to Linda Hernandez [linda.hernandez@tisd.org](mailto:linda.hernandez@tisd.org).**

### RE: DONATION OF LOCAL SICK LEAVE DAY (S)

I request to donate three (3) local leave days to The Extended Catastrophic Leave Bank. In signing this request, I understand that donated days cannot be reclaimed at a later date.

I have *read* and *understand* the **Extended Catastrophic Leave Bank Policy**. I further understand that in order to remain in the Bank after using days from it, I will be required to donate three (3) more local leave days.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

### HR Only

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\_\_\_\_\_  
Director of Benefits

\_\_\_\_\_  
Date

\_\_\_\_\_  
Processed in Aesop By:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Processed in Skyward By:

\_\_\_\_\_  
Date