



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.

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

Director of Benefits

Date

Processed in Aesop By:

Date

Processed in Skyward By:

Date

Processed in Benefits By:

Date