

CATASTROPHIC LEAVE BANK DONATION

Fairfield-Suisun Unified Teachers Association
Fairfield-Suisun Unified School District

2018-19

I, _____ (print name), wish to donate on non-refundable day of sick leave to the Fairfield-Suisun Unified School District Catastrophic Leave Bank. I have read and understand the guidelines for the Catastrophic Leave Bank according to Contract Article 23.3 I understand the donated day of sick leave cannot be refunded.

Signature _____ Date _____ Last four SSN _ _ _ _

DONATION DEADLINE IS OCT. 1, 2018

Return this form to Human Resources at the Central Office. A copy will be sent to the donor, FSUTA and the FSUSD Business Office.

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