

# CATASTROPHIC LEAVE BANK DONATION

FAIRFIELD-SUISUN UNIFIED SCHOOL DISTRICT

FAIRFIELD-SUISUN UNIFIED TEACHERS ASSOCIATION

2018-19

I, \_\_\_\_\_ (print name), wish to donate one 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 cannot be refunded.

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Signature

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Date

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Last four SSN

**DONATIONS ARE ACCEPTED TO OCT. 1, 2018**

*RETURN THIS FORM TO HUMAN RESOURCES. A COPY WILL BE SENT TO THE DONOR, FSUTA AND THE FSUSD BUSINESS OFFICE*