

One day is  
one way to  
show you



FAIRFIELD-SUISUN UNIFIED  
TEACHERS ASSOCIATION

**Catastrophic Leave Bank donation 2019-2020**

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.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Last four SSN*

**THE DEADLINE FOR 2019-2020 DONATIONS IS OCT. 1, 2019**

**RETURN THIS FORM TO HUMAN RESOURCES. A COPY WILL BE SENT TO YOU AND FSUTA.**