

Withdrawals from the Classified Catastrophic Leave Bank (cont.)

- ***What is the procedure for an employee who is suffering from a catastrophic illness or injury to request a sick leave credit from the bank?***

The employee should request an application for withdrawal of days from the bank. If the employee is not able to request/complete the form due to the seriousness of his/her illness or injury, then a family member with the legal authority to act on behalf of the employee may request/complete the application. All completed applications must be accompanied by written verification (prepared and signed by a licensed physician of the State of California) stating the nature of the catastrophic illness or injury and the anticipated number of days the employee will be absent from work. Requests for an application for withdrawal of sick leave days are to be directed to Grace Gutierrez, Human Resource Services Division, (619) 725-8114, or by e-mail to ggutierrez@sandi.net. All applications must be approved by the Director, Classified Personnel.

- ***What happens when an employee receives a credit of sick leave days from the bank, but does not use all of the days?***

The unused days are returned to the bank.

- ***Can an employee request a donation from the bank to care for a family member who is suffering from a catastrophic illness or injury?***

No. Credits of sick leave may be used only for the catastrophic illness or injury of the employee.

Additional Questions or Information

- ***Whom do I contact for additional information?***

Please contact Grace Gutierrez, Senior Personnel Clerk, Human Resource Services Division, at (619) 725-8114, or by e-mail to ggutierrez@sandi.net.

Classified Catastrophic Leave Bank
Special Open Enrollment/Donation Form

Office-Technical and Business Services (OTBS) Bargaining Unit
Operations-Support Services (OSS) Bargaining Unit
Paraeducators (PARA) Bargaining Unit

Please **print** the following information:

Last Name: _____ **First Name:** _____ **M.I.** _____

Employee ID #: _____ **Job Title:** _____

Work Location: _____ **Cost Center number (4 digit):** _____

Check here if less than full-time employee.

I wish to donate _____ full-salary SICK leave day(s) to the Classified Catastrophic leave bank.
(# of days)

I wish to donate _____ full-salary VACATION leave day(s) to the Classified Catastrophic leave bank.
(# of days)

Authorization – Read Carefully

This is to request and authorize the San Diego Unified School District, Payroll Unit, to deduct the number of days specified above from my sick leave or vacation leave balance and transfer the day(s) to the Classified Catastrophic Leave Bank. I understand that a minimum of one day of sick leave or vacation leave must be donated in order to qualify for membership in the bank. I further acknowledge that a donation of sick leave to the bank will not affect my eligibility for the annual attendance incentive compensation.

Signature _____ Date _____

RETURN THIS FORM TO:

Grace Gutierrez
Senior Personnel Clerk – Human Resource Services Division
Eugene Brucker Education Center, Room 1241
4100 Normal Street
San Diego, CA 92103
(619) 725-8114
(619) 296-7522 – fax

FOR DISTRICT USE ONLY:	BU _____	Hours Avail _____	Assignment % _____
	Date Logged: _____	Number of Hours _____	S/L or Vac _____