## MONTEBELLO UNIFIED SCHOOL DISTRICT CERTIFICATED PAYROLL

## REQUEST TO DONATE SICK LEAVE

To be completed by donating employees Submit to: Payroll Department x. 2382		Bargaining Unit Member Administration
Name:	SS#	
Address:		
Telephone:	Site	Extension
REQUEST T	O DONATE SICK L	EAVE
I am donating days to the Catastrophic School District from my available sick leave for 3b of the MUSD/MTA contract. I understand the subject to the further conditions and restrictions.	r the 2024-2025 school year in that I may donate a maximum of	accordance with Article XVI, Section f three (3) days of accrued sick leave
Participation in the Catastrophic Leave Bank is deposit to the Catastrophic Leave Bank shall be for his/her exclusive use. In order to participate any and all claims against the District and/or the Bank by signing a waiver and release, which reasons to the catastrophic Leave Bank is deposited by the catastrophic Leave Bank shall be for his/her exclusive use. In order to participate any and all claims against the District and/or the Bank by signing a waiver and release, which reasons is deposited by the catastrophic leave Bank is deposited by th	e a general donation and shall ne in the Catastrophic Leave Bane Association arising from adm	not be donated to a specific individuant, the unit member must first waive
As a requirement of, and as con Catastrophic Leave Bank created by agreement between the parties, I here may now have, or may have in the Montebello Unified School District, and in connection with the administration of	Article XVI of the collective by waive and release any and a future, known or unknown, ad/or the Montebello Teachers A	pargaining all claims I against the Association
I wish to donate one (1) day annually to (Please contact Payroll Supervisor if y		n)
Signature		Date
Confirmation of Transfer of Sick Leave		
Sick Leave available		
Sick days transferred to Catastrophic Lo	eave Bank	
Days remaining		
Signature		Date
Digitatale		Date