

***Catastrophic Sick Leave Bank  
New Enrollment Form***

Employee Name: \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_  
*(as name appears on social security card)* *(6 digits)*

Site/Dept: \_\_\_\_\_ Job Title: \_\_\_\_\_

Number of Hours in Regular Work Day: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**Bargaining Unit:**

- Certificated (DSTA)     Classified (CSEA)     Confidential     Management

**Important:**

To be a participant of the Catastrophic Sick Leave Bank, an eligible probationary or permanent employee must donate one (1) day of sick leave during the annual open enrollment period.

***Open Enrollment Authorization to Deduct One (1) Day from Accumulated Sick Leave  
and Donate to Catastrophic Sick Leave Bank***

My signature below indicates that I wish to enroll in the Catastrophic Sick Leave Bank and authorize the deduction of one (1) day of sick leave from my personal sick leave balance.

I further understand that this election will remain in affect; and, that one (1) day of sick leave will be deducted from my personal sick leave balance each fall unless the Catastrophic Sick Leave Bank has an accrued balance over the cap; or, I submit a letter to the Fiscal Services canceling my enrollment in this program.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Fiscal Services:**

Employee Number: \_\_\_\_\_ Total Hours Deducted: \_\_\_\_\_

Deduction Month: \_\_\_\_\_ Posted by: \_\_\_\_\_ Date: \_\_\_\_\_

Added to Catastrophic Sick Leave Bank List: By: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form **intact** to **Fiscal Services**