



Catastrophic Leave Bank Program
Certificated Voluntary Donation of Sick Leave

I, _____, hereby agree to donate 1 day of accumulated Sick Leave, in order to participate in the District's Catastrophic Leave Program.

I hereby agree that this donation is completely voluntary on my part and is unconditional and irrevocable. This donation is made pursuant to the terms of the SMUSD/SMEA Memorandum of Understanding dated May 1, 2020.

Donator's Signature & Date

Employee I.D. #

Donator's Site