



California School Employees Association
Conejo Chapter 620
Conejo Valley Unified School District



SICK LEAVE DONATION

Donor to complete top portion of form and send to District Office / Payroll Department

Name: _____ Social Security No. _____
(please print)

Location: _____ Position _____

Address: _____

I agree to donate _____ days of my sick leave and/or _____ hours of my vacation leave to _____ pursuant to the notice issued by CSEA Chapter 620. I understand that I may donate no more than the equivalent of five (5) days of sick leave and/or vacation leave, and I may not donate sick leave and/or vacation leave if, as a result of the donation my sick leave and/or vacation leave balance falls below the equivalent of twenty (20) days. I also understand that any unused donated sick leave and/or vacation leave will be placed in a reserve bank.

*Do you wish to have your name released to the recipient only? Yes No

Signature: _____ Date: _____

The name of donors will be released only if authorized above, and then only to the individual receiving the donation. The amount of the donation will not be released.

TO BE RETURNED TO DONOR

To: _____ Location: _____

Per your authorization, the District Payroll Office has transferred _____ hours of your sick leave and/or _____ hours of your vacation leave to _____ on _____

cc: Donating Employee
Payroll Department
Sick Leave Donation Committee

PAYROLL OFFICE USE ONLY	
Sick Leave/Vacation Leave verified as of	_____
Total Sick Leave hours available	_____
Total Vacation Leave hours available	_____
Hours assigned to bank	_____
Balance Sick Leave	_____ Vacation Leave _____
(Initial - Payroll Clerk) _____	

TO BE RETURNED TO REQUESTING RECIPIENT

To: _____

The Following total _____ hours have been donated to you by the employees below:

