

TEACHERS ASSOCIATION OF PARAMOUNT
CATASTROPHIC LEAVE PROGRAM DONATION

A-22b

PART A. TO BE COMPLETED BY THE DONATING EMPLOYEE

Name: _____ Last 4 digits of SSN# _____

School or Department: _____

Each unit member may donate a maximum of 3 days each fiscal year.
Please indicate the amount of days to be donated (Circle):

Sick Leave Days: # days donated 1 2 3

Name of Recipient

School or Department

I understand that any donated sick leave days, once used, shall not be retrievable by me. Donation forms (A-22b) are date stamped by the Association as they are received and deducted from each donor's accrued sick leave on a rotational basis, one day at a time, until exhausted, for the duration of the catastrophic leave period. It is my intention to donate the number of days circled above.

Signature

Date

Definition: "Catastrophic illness" or "injury" means a physical illness or injury that is expected to incapacitate the unit member for an extended period of time or that incapacitates a member of the unit member's family which requires the unit member to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the unit member because he/she has exhausted all of his/her sick leave and other paid time off.

PART B. TO BE COMPLETED BY PAYROLL

The above-named donor:

___ Meets the eligibility criteria to donate _____ days of illness leave. His/her balance has been reduced accordingly.

___ Does not meet the eligibility criteria to donate hours of illness leave because:

- ___ Not a permanent status employee
- ___ Does not have sufficient sick leave balance
- ___ Other

Signature of Payroll Office

Date

Distribution: Employee (contributor)
 Payroll
 Human Resources