

I, \_\_\_\_\_, an employee of the Contra Costa Community College District, hereby donate from my accumulated sick leave under the District adopted personnel procedure and affirm that I have read the procedure which appears at the bottom of this form.

I hereby direct that the Contra Costa Community College District transfer from my accumulated sick leave balance \_\_\_\_\_day(s) and that these days be donated to the sick leave balance of \_\_\_\_\_,an employee of the Contra Costa Community College District.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Employee's Signature

**SICK LEAVE DONATION PROCEDURE:**

The District shall allow employees to donate sick leave to individual employees who have suffered catastrophic illness or injury, defined as an illness or injury that is expected to incapacitate the employee for an extended period of time (Ed. Code 87045). The employee requesting donation shall submit to the District Human Resources Office a physician's statement certifying incapacitating illness or injury.

The donations may be used only when the employee has exhausted all accumulated sick leave.

An individual may not receive more than 175 days of donated sick leave over a two-year period.

Donating employees shall retain at least a thirty (30) day balance of sick leave after their donation and may donate no more than twenty-five (25) days of sick leave. Donations shall be authorized by a signed pledge form prepared by the District Human Resources Office. Solicitations of donations may be made by the individual or his/her representative.

If several employees donate sick leave, the sick leave shall be used in the order in which the signed pledge forms are filed with the District Human Resources Office. If the employee does not use all donated sick leave, the sick leave shall be returned to the employees whose pledged donations have not been used.

