MONTEBELLO UNIFIED SCHOOL DISTRICT CERTIFICATED PAYROLL

REQUEST TO DONATE SICK LEAVE

To be completed by donating employees Submit to: Payroll Department x. 2382		Bargaining Unit Member Administration	
Name:	SS# _	SS#	
Address:			
Telephone:	Site	Extension	
REQUEST To be completed by donating employees	O DONATE SICK L	EAVE	
I am donating days to the Catastrophic School District from my available sick leave for 3b of the MUSD/MTA contract. I understand the subject to the further conditions and restrictions	the 2025-2026 school year in at I may donate a maximum of	accordance with Article XVI, Section f three (3) days of accrued sick leave	
Participation in the Catastrophic Leave Bank is deposit to the Catastrophic Leave Bank shall be for his/her exclusive use. In order to participate any and all claims against the District and/or th Bank by signing a waiver and release, which rea	e a general donation and shall re in the Catastrophic Leave Bar e Association arising from adn	not be donated to a specific individuant, the unit member must first waive	
As a requirement of, and as cons Catastrophic Leave Bank created by agreement between the parties, I herel may now have, or may have in the Montebello Unified School District, an in connection with the administration of	Article XVI of the collective by waive and release any and c future, known or unknown, c d/or the Montebello Teachers A	bargaining all claims I against the Association	
I wish to donate one (1) day annually to (Please contact Payroll Supervisor if y		n)	
Signature		Date	
Confirmation of Transfer of Sick Leave			
Sick Leave available			
Sick days transferred to Catastrophic Le	eave Bank		
Days remaining			
Giova de cons		Dete	
Signature		Date	