



**COMPTON UNIFIED SCHOOL DISTRICT**  
**501 S. Santa Fe Ave. Compton, CA 90221**

**SICK LEAVE DONATION FORM**

**DONOR'S INFORMATION**

Employee Name: \_\_\_\_\_

Department /School Site: \_\_\_\_\_

Under the provisions of the Catastrophic Leave Program Policy 4361.9, employees may donate accrued vacation and/or sick leave credits to an employee under the specific requirements of the district's catastrophic leave program.

**RETURN THIS COMPLETED FORM TO THE DISTRICT OFFICE**  
**HUMAN RESOURCES DEPARTMENT**

**I would like to make the following contributions to:**

Recipient Employee's Name: \_\_\_\_\_

Recipients Department/School site: \_\_\_\_\_

Number of vacation and/or sick days donating:     SICK DAYS                       VACATION DAYS

By my signature below, I certify that I have read the Compton Unified School District Board of Education Catastrophic Leave Program Policy and understand that once the request has been approved, I cannot revoke my decision. I hereby donate vacation and/or sick leave to the above name employee in the amount indicated and in accordance with the requirements in BP# 4361.9.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**DEPARTMENTAL USE ONLY**

In accordance with Catastrophic Leave Program Policy, your request to donate is:

Approved             Denied            Reason: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Administrator:                      Signature                      Date:

\_\_\_\_\_  
Payroll Administrator:                      Signature                      Date: