

# Monterey County Office of Education

901 Blanco Circle  
Salinas, CA 93901  
(831) 755-0300

## DONATION OF SICK LEAVE – CLASSIFIED

I, \_\_\_\_\_, wish to donate \_\_\_\_\_ days of sick leave and/or \_\_\_\_\_ days of vacation to the Catastrophic Leave Bank. I understand that my donation is irrevocable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE SEND COMPLETED FORM TO THE  
HUMAN RESOURCES DEPARTMENT**

### Business Office Use Only

Date Received: \_\_\_\_\_

Current Sick Leave Hours: \_\_\_\_\_  
(do not include advanced)

Sick Leave hours Donated: \_\_\_\_\_

Balance Sick Leave Hours: \_\_\_\_\_  
(after donation)

Current Vacation Hours: \_\_\_\_\_

Vacation Hours Donated: \_\_\_\_\_

Balance Vacation Hours: \_\_\_\_\_  
(after donation)