



**Permanent Faculty  
Catastrophic Illness Leave Bank  
Donation Form**

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

I, \_\_\_\_\_  
(Print Name)

voluntarily donate \_\_\_\_\_ days from my accumulated sick-leave balance to the Palomar College Permanent Faculty Catastrophic Illness Leave Bank.

*Donation is completely voluntary. Contract faculty members are cautioned to consider his/her own present and future needs when determining how many hours to donate.*

I have reserved at least 20 days for myself after this donation and I am contributing fewer than 30 days per year.

I understand that once leave is donated, it becomes the property of the bank until the CIL task force authorizes its allocation to an applicant.

Further, I realize that *my* unused sick leave can be credited towards retirement calculation and, therefore, donating leave may reduce my final retirement allocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBMIT TO: HUMAN RESOURCE SERVICES**