



**Administrative Association  
Catastrophic Illness Leave Bank  
Donation Form**

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

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

voluntarily donate \_\_\_\_\_ hours from my accumulated sick-leave balance to the Palomar College Administrative Association Catastrophic Illness Leave Bank.

*Donation is completely voluntary. Administrative employees are cautioned to consider their own present and future needs when determining how many hours to donate.*

I have reserved at least 160 hours for myself after this donation, and I am contributing fewer than 240 hours 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 if my hire date is prior to January 1, 1990, 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**



**Administrative Association  
Catastrophic Illness Leave  
Application**

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

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

request the award of \* \_\_\_\_\_ hours from the Catastrophic Leave Bank.

*Check One:*

\_\_\_\_\_ I am seriously ill.

\_\_\_\_\_ A member of my immediate family \_\_\_\_\_ (relationship)  
is seriously ill.

I have attached a physician's statement confirming that a serious illness exists and estimating the length of the illness.

I have exhausted all of my full pay vacation leave and sick leave and will not be receiving any other disability pay (LTD, Workers' Compensation) during the period I have requested leave hours from the Catastrophic Leave Bank.

\_\_\_\_\_  
Signature of Employee or Agent

\_\_\_\_\_  
Date

\*The maximum amount of Catastrophic Illness Leave is 720 hours including substitute differential leave. Leaves are approved in allotments not to exceed 240 hours at a time. A new request must be submitted for hours in excess of 240.

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