



**Palomar College
Classified Unit Employees
Catastrophic Illness Leave**

Application to Donate Sick Leave

I, _____, a permanent, classified unit employee of Palomar Community College District wish to donate _____ **sick leave hours** and/or _____ **vacation hours** to the Classified Employees Catastrophic Illness Leave Bank.

I understand that:

- My donation is permanent and may not be withdrawn from the bank.
- I may not use the donated hours toward retirement service credit.
- I cannot designate a recipient for the donated hours.
- I must have an accrued balance of 192 hours of sick leave remaining after my donation of sick leave hours. (Part-time employees will be prorated in proportion to the percentage of their assignment.)
- I can donate up to 15 days of sick leave and an unlimited number of vacation days per year.

Signature of Employee

Date

Employee ID #

Payroll Use Only		
Current accrued sick leave/ Vacation	_____ Hours	Date _____
Donated hours	_____	
Balance S/L or Vac	_____ Hours	
Verified by	_____	

Original to: PAYROLL

CC: HUMAN RESOURCE SERVICES and the CCE