



FACULTY CATASTROPHIC ILLNESS LEAVE BANK DONATION FORM

Employee Name _____ ID # _____

FULL-TIME FACULTY

I voluntarily donate _____ days from my accumulated sick-leave balance to the Palomar College Full-Time Faculty Catastrophic Illness Leave (CIL) Bank.

I voluntarily donate _____ hours from my accrued overload (OVL) sick-leave balance to the Palomar College Full-Time Faculty Catastrophic Illness Leave (CIL) Bank. OVL donations must be in six (6) hour increments.

_____ I have reserved at least 30 days for myself after this donation and I understand that I may contribute a maximum of 15 days in an academic year.

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

PART-TIME FACULTY

I voluntarily donate _____ hours from my accumulated sick-leave balance to the Part-Time Faculty Catastrophic Illness Leave (CIL) Bank.

_____ I am a Part-Time Faculty and have complied with the donation and leave balance requirements in Article 9.16.2.3.

OR

_____ I am a Part-Time Librarian or Counselor and have complied with the donation and leave balance requirement in Article 9.16.2.2

_____ 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.

I understand that once leave is donated, it becomes the property of the bank until the CIL Committee authorizes its allocation to an applicant. Donation is completely voluntary. Faculty members are reminded to consider their own present and future needs when determining how many hours to donate.

Employee Signature _____ Date _____

SUBMIT TO: HRHelp@palomar.edu