

05/30/12

**WEBER SCHOOL DISTRICT
CATASTROPHIC SICK LEAVE BANK DONATION FORM**

NAME: _____
(Please Print)

Employee Number
(Office use only)

HOURS PER DAY _____

SOCIAL SECURITY NUMBER _____

SCHOOL OR DEPARTMENT _____

POSITION _____

I have read the guidelines regarding the catastrophic sick leave bank and agree to donate one day of my allotted sick leave to the bank for the _____ fiscal year and each fiscal year thereafter until revoked by me in writing. I understand the provisions governing contribution and use of the sick leave bank.

This form must be completed and returned to the Human Resources Department no later than 30 days after the beginning of the employee’s contract year. Employees who submit forms after the deadline are not eligible to participate for that contract year.

If I apply for leave from the sick leave bank, I authorize the Human Resources Office to disclose my leave history to the Catastrophic Sick Leave Bank Committee. I also authorize my health care professional to discuss medical information including diagnosis and physical capacities with representatives of the Sick Leave Bank Committee. This authorization is valid until I give written notice that I no longer desire to participate in the sick leave bank.

Employees hired after February 1 will not be able to participate until the next contract year.

If I decline on this form I realize that I must apply online through “Employee Online” during the month of August (Opening enrollment) in order to become a member of the Catastrophic Sick Leave Bank for the next school year. Catastrophic guidelines can be found online at www.weber.k12.ut.us/department/HR/Payroll in the “Links” box under Catastrophic.

Signature

Date

I choose to decline to be a member of the Catastrophic Sick Leave Bank at this time.

