HUMAN RESOURCES DEPARTMENT

 **123 West Johns Road (830) 357-2000**

 **Boerne, Texas 78006** [**www.boerne-isd.net**](http://www.boerne-isd.net) **FAX: (830) 357-2089**

**CATASTROPHIC LEAVE PROGRAM DONATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE (DONOR) NAME: |  | EMPLOYEE ID NUMBER: |   |
| POSITION/JOB TITLE: |  | CAMPUS/DEPT./SITE: |  |
| NUMBER OF LOCAL LEAVE DAYS I WISH TO DONATE: |  |  |
| SIGNATURE: |  | DATE: |  |
|  |  |  |  |

|  |  |
| --- | --- |
| EMPLOYEE (DONEE) TO RECEIVE LEAVE DONATION |  |
| POSITION/JOB TITLE: |  | CAMPUS |  |
|  |  |  |  |

***My signature above indicates that I have read the Boerne ISD Catastrophic Leave Program policy in full and I understand the following:***

1. I may donate no more than 4 local (carryover) sick leave days per school year (July 1-June 30) regardless of the potential number of donees.

2. Once accepted by the HR Department, my donation to the leave program is irrevocable and

cannot be returned to me regardless of whether or not the leave is used by the donee.

3. My donation of leave is personal to the donee specified above and will not be accumulated for the benefit of other eligible employees.

4. Donations of carryover leave may be made any time the donee is eligible to participate in this program, either when donee first becomes eligible or at a later date when donee is still eligible.

5. My leave donation is made anonymously.

Catastrophic Leave Program Donation Formulae

 Local Sick/Carryover Days Allowable Donation Days

 0-9 0

 10-15 2

 16-20 3

 21-30 4

**PLEASE SUBMIT THIS DONATION FORM TO:**

**HUMAN RESOURCES DEPARTMENT**