



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

TO: Mark O. Kelly, Ed.D.
Assistant Superintendent, Human Resources

NAME: _____
(please print)

WORK LOCATION: _____

CERTIFICATED _____ CLASSIFIED _____

RE: Donation of Accrued Sick and/or Vacation Leave to Catastrophic Leave Bank

Pursuant to the Agreements between SMMUSD and SEIU Local 99, and SMMUSD and SMMCTA, a catastrophic illness or injury is one that has totally incapacitated the employee, so that he/she is unable to work. Catastrophic illness or injury may also include an incapacitated member of the employee’s immediate family, if this results in the employee being required to take time off for an extended period of time in order to care for the family member.

I would like to donate accrued sick and/or vacation leave as follows:

TYPE OF LEAVE	NUMBER OF DAYS
Sick Leave	
Vacation Leave (Classified Only)	

I understand that my donation is to the general Catastrophic Leave bank. An employee who has been granted a Catastrophic Leave of Absence, and has exhausted all of his/her sick and vacation leave can access up to three (3) months of leave using days in this bank. An additional three (3) months of Catastrophic Leave may be granted by the Superintendent.

Only one (1) day from each Leave category can be donated per fiscal year. If more than one day is donated from either category, special approval may be granted by the Assistant Superintendent, Human Resources.

Employee’s Signature: _____ Date: _____

Approved by: _____ Date: _____