

RIVERSIDE COMMUNITY COLLEGE DISTRICT

Catastrophic Leave Program Donation to Catastrophic Leave Bank Form

Consistent with AP 7345 – Catastrophic Leave Program, the District has established a catastrophic leave program for full time and part-time/associate faculty, regular classified and confidential staff, and classified and academic management employees to annually donate eligible leave credits for use when an employee, or a member of his or her immediate family, suffers from a catastrophic illness or injury.

An employee must have donated earned sick leave and/or vacation time to the Catastrophic Leave Bank (CLB) to be eligible to participate in the program. Initial required minimum contributions are:

- Three (3) hours for part-time/associate faculty;
- Four (4) hours for classified permanent part-time and management part-time;
- Eight (8) hours for full-time classified or confidential employees;
- One (1) day (8 hours) for full-time faculty and full-time management employees.

After an employee has donated the minimum contributions to the CLB, they are eligible to withdraw from the bank for two (2) years from the date of the donation. After the two (2) years have elapsed, the employee must donate at least the minimum contribution to maintain their eligibility for an additional two (2) years. Faculty may not donate overload sick leave. Employees are not permitted to donate earned unused sick leave at the time of separation. Leave donations are irrevocable.

DONATING EMPLOYEE'S NAME: _____

EMPLOYEE STATUS: Faculty Full-time Part-time/Assoc. Faculty
 Classified/Confidential Full-time Classified/Confidential Perm. Part-time
 Academic or Classified Management Full-time
 Academic or Classified Management Part-time

LEAVE CREDITS DONATED TO CLB:

Sick Leave _____ Number of Hours Donated or _____ Number of Days Donated
 Vacation _____ Number of Hours Donated or _____ Number of Days Donated

I have read and understand the provisions listed above. By signing below, I acknowledge that participation in the Catastrophic Leave Program is strictly voluntary and the leave time I have donated is irrevocable and will remain in the CLB until used by an eligible employee approved to receive such benefit. I also understand that sick leave, once donated to the CLB, cannot be applied to my retirement service credit.

Donating Employee's Signature: _____ **Date:** _____

SUBMIT COMPLETED FORM TO: HRER, 3801 Market St., Riverside, CA 92501

HRER Use Only	Payroll Use Only
Galaxy ID#: _____	Hours Deducted: _____ Remaining Leave Balance _____
Donated Leave is earned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified/Processed by: _____ Date: _____
Verified by: _____ Date: _____	Remarks: _____

Original: Payroll

Copy: Personnel File