

Torrance Unified School District
CATASTROPHIC LEAVE BANK CONTRIBUTION FORM

(TTA Bargaining Unit)

I elect to contribute _____ hours (6 hours = 1 day) of my accumulated sick leave to the CATASTROPHIC LEAVE BANK.

Minimum of 6 hours (1 full day) and additional hours in 6 hour increments.

I UNDERSTAND AND AGREE THAT MY CONTRIBUTION TO THE BANK IS IRREVOCABLE.

Print Full Name

Work Site/School

Date of Birth or Employee ID number

Signature

Date

Payroll verification of current sick leave _____ hours as of _____
(date)

Verification of transfer to the bank _____ hours as of _____
(date)

Balance of accumulated sick leave _____ hours as of _____
(date)

Verified by _____
(date)

All employees must maintain a minimum balance of 20 days (120 hours) in accumulated sick leave in order to contribute to the bank as per the "Rules and Procedures " for Catastrophic Leave.

This form to be returned to the Human Resources Department for processing.

Updated 1-25-19