

ONE DAY – ONE DOLLAR

CATASTROPHIC SICK LEAVE BANK DAYS ARE NEEDED!

Do you know a colleague who is ill and facing financial hardship due to an illness and absence from work?

The jointly administered TTA/TUSD Catastrophic Sick Leave Bank has been a lifesaver for those who face a financial hardship. Your donation of unused sick days can help ease the burden for those colleagues.

If you have over 20 sick days (120 hours) and want to help, donate one or more of your unused sick days to the Catastrophic Sick Leave Bank. Anyone in TTA's bargaining unit can donate and/or apply for assistance.



ASK: Donate One Day or More

Fill out the Catastrophic Leave Bank Contribution Form and return it to Torrance Teachers Association via district mail or email: sharon@torranceteachers.org.

TTA CHARITY FUND CHALLENGE DONATE & MAKE A DIFFERENCE

Donate to the TTA Charity Fund. Even donating \$10 a year (\$1 tenthly via a payroll deduction) will make a difference. One-time donations are always welcome.

The TTA Charity Fund awards scholarships to students and donates to community organizations & projects. These opportunities are only made possible by donations from TTA members, retirees, administrators, and one-time donations from community organizations and generous donors. A new scholarship opportunity, the Lincoln Marx Memorial Scholarship, was recently fund by the friends and family of the late Lincoln Marx, a Bert Lynn Middle School teacher who valued higher education.

ASK: Donate \$10 Yearly or More

Fill out the Deduction Authorization Form and return it to Torrance Teachers Association via district mail or email: sharon@torranceteachers.org.

Torrance Unified School District CATASTROPHIC LEAVE BANK CONTRIBUTION FORM TTA Bargaining Unit

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

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.

Torrance Teachers Association Charity Fund DEDUCTION AUTHORIZATION FORM

NAME: _____

SCHOOL: _____

EMAIL: _____

I hereby authorize the Torrance Unified School District to deduct the tenthly amount indicated below from each of my regular tenthly salary warrants, and this shall remain in force until revoked in writing by me.

\$1 \$2 \$3

\$4 \$5 \$10

Other _____

SIGNATURE: _____

DATE: _____