

RIVERSIDE UNIFIED SCHOOL DISTRICT
CATASTROPHIC LEAVE BANK

ENROLLMENT FORM
FOR MANAGERS, CONFIDENTIALS, AND SUPERVISORS

Open Enrollment Period: July 1 through October 1

Name _____

School Site _____

Employee Number _____ Years in District _____

Current accumulated sick leave hours (see latest pay warrant) _____

My current workday is _____ hours.

Please indicate the number of days you wish to donate to the Catastrophic Leave Bank. The minimum donation is one (1) day and the maximum is five (5) days.

I wish to donate _____ days. *I understand that this donation is irrevocable.*

I further understand that this donation adheres to the Catastrophic Leave Bank provisions in the RUSD Memorandum of Employment. To the best of my knowledge, the above information is correct.

Signature _____ Date _____

Return entire application to Irene Cruz or Laurie Cole in Human Resources

For Office Use Only

Received/Enrollment Date _____

Approved _____ Disapproved _____

White Copy: Employee

Yellow Copy: Payroll

Pink Copy: Professional Relations Committee