

WALNUT VALLEY UNIFIED SCHOOL DISTRICT  
CERTIFICATED CATASTROPHIC LEAVE

DEPOSIT FORM

TO: NANCY SERPICO – HUMAN RESOURCES

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NAME OF DEPOSITOR \_\_\_\_\_

SCHOOL/LOCATION \_\_\_\_\_

NUMBER OF FULL DAYS TO BE DONATED \_\_\_\_\_  
(Maximum: 10% of accrued sick leave with the  
employee maintaining a balance of 25 sick leave days)

I WISH FOR \_\_\_\_\_ DAYS OF MY ACCRUED SICK LEAVE TO  
BE DONATED TO ANY CERTIFICATED BARGAINING UNIT  
MEMBER WHO MEETS THE ELIGIBILITY CRITERIA FOR  
CATASTROPHIC LEAVE.

I WISH FOR \_\_\_\_\_ DAYS OF MY ACCRUED SICK LEAVE TO  
BE DONATED TO THE FOLLOWING CERTIFICATED EMPLOYEE.

Individual: \_\_\_\_\_  
Name Site

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date